

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000073841

1. Entity Name

CENTRAL FLORIDA COUNSELING & BEHAVIORAL MANAGEMEN

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90062 040 ***150.00

Principal Place of Business

Mailing Address

126 W. LAKEVIEW AVENUE
LAKE MARY FL 32746

P.O. BOX 950817
LAKE MARY FL 32795-0817

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3400015

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHITMORE, MARY
126 W. LAKEVIEW AVENUE
LAKE MARY FL 32746

Name

Steve Nelson

Street Address (P.O. Box Number is Not Acceptable)

312 Dublin Drive

City

LAKE MARY

FL

Zip Code

32746

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Steve Nelson STEVE NELSON 1-28-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT ☐ Delete
NAME CORNELL, LYNN
STREET ADDRESS 875 N. DEERBORN ST., #11 K
CITY-ST-ZIP CHICAGO IL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☒ Delete
NAME WHITMORE, MARY
STREET ADDRESS 111 ARCHERS POINT
CITY-ST-ZIP LONGWOOD FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME NELSON, STEVE
STREET ADDRESS 312 DUBLIN DR
CITY-ST-ZIP LAKE MARY FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

LYNN CORNELL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-00

Date

Daytime Phone #

CR2E034 1/9/99