2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State
04-13-2000 90078 036 ***150.00

DOCUMENT # P98000046019

1. Entity Name

CREATIVE COUNSELING SERVICES OF GAINESVILLE, INC

Principal Place of Business	Mailing Address
4001 NEWBERRY ROAD SUITE E4 GAINESVILLE FL 32607	4001 NEWBERRY ROAD SUITE E4 GAINESVILLE FL 32607-2389

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4001 NEWBERRY ROAD	4001 NEWBERRY ROAD
Suite, Apt. #, etc.: SUITE C-3	Suite, Apt. #, etc.: SUITE C-3
City & State: GAINESVILLE, FL	City & State: GAINESVILLE, FL
Zip: 32607 Country: USA	Zip: 32607 Country: USA

4. FEI Number: 59-3507111 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PEREZ, DAVID
4001 NEWBERRY ROAD SUITE E4
GAINESVILLE FL 32607

7. Name and Address of New Registered Agent

Name: JOHN JONES
Street Address (P.O. Box Number is Not Acceptable): 4001 NEWBERRY ROAD, SUITE C-3
City: GAINESVILLE FL Zip Code: 32607

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) John E Jones 4-9-00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP PEREZ, DAVID 5709 N.W. 34TH STREET GAINESVILLE FL 32604	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV BLACK, MELANIE 4001 NEWBERRY RD. SUITE E4 GAINESVILLE FL 32607	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV WALKER, SARAH 4008 N.W. 14TH PLACE GAINESVILLE FL 32605	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS JONES, JOHN E 12015 N.W. 129TH TERRACE ALACHUA FL 32615	☐ Delete	[redacted] D)P)S	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT CREWS, KATHRYN 7705 S.W. 102 AVENUE GAINESVILLE FL 32608	☐ Delete	[redacted] D)V)T	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (9/99)

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: John E Jones JOHN E JONES 4/9/00 352-373-1218
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #