2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State
05-11-2001 90006 032 ***150.00

DOCUMENT # P98000046019

1. Entity Name
CREATIVE COUNSELING SERVICES OF GAINESVILLE, INC

Principal Place of Business	Mailing Address
4001 NEWBERRY ROAD STE-C-3 GAINESVILLE FL 32607	4001 NEWBERRY ROAD STE-C-3 GAINESVILLE FL 32607

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
CREATIVE COUNSELING SERVICES OF GAINESVILLE, INC.	4001 Newberry Rd
Suite, Apt. #, etc.: Suite C-3	Suite, Apt. #, etc.: Suite C-3
City & State:	City & State: Gainesville, FL
Zip:	Country: US
Zip: 32607	Country: US

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	7. Name and Address of New Registered Agent
JONES, JOHN 4001 NEWBERRY ROAD STE-C-3 GAINESVILLE FL 32607	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 JONES - PRESIDENT — John E Jones — DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	DV BLACK, MELANIE 4001 NEWBERRY RD. SUITE E4 GAINESVILLE FL 32607	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, MICHAEL 4001 NEWBERRY RD, SUITE C-3 GAINESVILLE, FL 32607	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPS JONES, JOHN E 12015 N.W. 129TH TERRACE ALACHUA FL 32615	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVT CREWS, KATHRYN 7705 S.W. 102 AVENUE GAINESVILLE FL 32608	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/00)

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: Kathryn M. Crews, KATHRYN CREWS, VICE-PRES. 4/23/01 352-373-1218
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #