

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90190 019 ***150.00

DOCUMENT # S81382

1. Entity Name
ALACHUA ADULT COUNSELING CENTER, INC.

Principal Place of Business

**1032 NW 23RD AVE
 GAINESVILLE FL 32609**

Mailing Address

**1032 NW 23RD AVE
 GAINESVILLE FL 32609**

2. Principal Place of Business

5915 BABB ROAD

3. Mailing Address

15885 SE 105 TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BELLVIEW, FLORIDA

City & State

Summerfield, FL

4. FEI Number

59-3082584

Applied For

Not Applicable

Zip

Country **USA**

MARION COUNTY

Zip

34491

Country **USA**

MARION COUNTY

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

PERRY, PATRICIA A.

1032 NW 23RD AVE

GAINESVILLE FL 32609

Name

NAME SAME

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

NEW ADDRESS

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

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. ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 ☐ Delete
 NAME **P**
 STREET ADDRESS **PERRY, PATRICIA A.**
 CITY-ST-ZIP **1032 NW 23RD AVE
 GAINESVILLE FL**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **15885 SE 105 TERRACE**
 CITY-ST-ZIP **SUMMERFIELD, FL 34491**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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
 NAME
 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:

PATRICIA A. PERRY
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-14-02 352/2886482

CR2E034 (9/01)