## **Detail by Entity Name**

Florida Profit Corporation

ASSOCIATED COUNSELING AND EDUCATION, INC.

#### Filing Information

 Document Number
 P93000030016

 FEI/EIN Number
 59-3185624

 Date Filed
 04/23/1993

 State
 FL

 Status
 INACTIVE

 Last Event
 VOLUNTARY

DISSOLUTION

Event Date Filed 05/20/2002
Event Effective Date NONE

#### **Principal Address**

4563 S ORANGE BLOSSOM TR ORLANDO, FL 32839-752

Changed: 05/17/1994

#### Mailing Address

4563 S ORNAGE BLOSSOM TR ORLANDO, FL 32839-752

Changed: 05/17/1994

#### Registered Agent Name & Address

PARRISH, LORETTA W 4563 S ORANGE BLOSSOM TR ORLANDO, FL 32839-1752

Address Changed: 05/17/1994

#### Officer/Director Detail

Name & Address

Title D

PARRISH, LORETTA W 1325 CALATHEA DR ORLANDO, FL

#### **Annual Reports**

Report Year	Filed Date
1999	05/10/1999
2000	11/15/2000
2001	05/02/2001

#### **Document Images**

05/20/2002 Voluntary Dissolution	View image in PDF format
05/02/2001 ANNUAL REPORT	View image in PDF format
11/15/2000 REINSTATEMENT	View image in PDF format
05/10/1999 ANNUAL REPORT	View image in PDF format
05/01/1998 ANNUAL REPORT	View image in PDF format
04/30/1997 ANNUAL REPORT	View image in PDF format
04/30/1996 ANNUAL REPORT	View image in PDF format
04/26/1995 ANNUAL REPORT	View image in PDF format

#### FILE NOW: FILING FEE AFTER MAY 1 18 \$225.00 APPROVED PLOMOA DEPARTMENT OF STATE CORPORATION Candra D. Mortsam ANNUAL REPORT Secretary of Grate 1995 DIVISION OF COPPORATIONS 95 APR 26 PH 1: 12 DOCUMENT # P93000030016 (8) SECRETALY OF STATE TALLAHASSEE, FLORIDA ASSOCIATED COUNSELING AND EDUCATION, INC. Mailing Add use Principal Place of Business 4563 S ORANGE BLOSSON TR 4969 8 ORMAGE BLOSSOM TR ORLANDO FL 12839752 ORLANDO FL 12879-752 DO NOT WRITE IN THIS SPACE." 3a. Dáte ól Last Report 3. Date incorporated or Qualified 04/23/1993 05/17/1994 Applied For 2a. Malling Address 2. Principal Place of Eusiness 59-3185624 26 Not Applicable 21 \$8,75 Additional Suito, Apt. 4, etc. Suite, Apt, 4, etc. 5. Certificate of Status Desired Fee Required 22 27 Çily & Ştale 6. Election Campaign Financing \$5.00 May Bo City & State Trust Fund Contribution Added to Fees 23 6. The corporation has inhillly for intropicial list ender 5. 189,632. Florida Statutes Yes 🗍 No Gouldly يرنة Gountry ZID 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name PARRISH, LORETTA W Street Address (P.O. Box Number la Nut Acceptable) 4583 S ORANGE BLOSSOM TR 83 ORLANDO FL 32839-1752 Zip Code 84 City 11. Pursuant to the provisions of Sections 607,0502 and 607,1508. Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered office or registered office of registered office of Florida. Each change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, than familiar with, and accept the abligations of, Section 607,0505, Taritot Statutes. SIGNATURE DÁTE Signature, (great or protect) was and implestment square and little diagratemate (ADII: Napakkiel Apon aphabre regular) when rankbirg ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 19. 12. Change Addition T THEE TITLE L2 NAME NAME PARRISH, LORETTA W 1325 CALATHEA DR I 3 STREET ADDRESS STREET ADDRESS 14 CHY ST-ZIP CITY . \$1.71E ORLANDO FL Change Add ligh HILL 2.1 1ffL# 33 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP ĠĬŤŸ÷ŜŤ÷ZĬŘ [ Change \_\_] Add.ilon 31 TITLE 3.2 NAME STREET ADDRESS BELSTREET ADDRESS CHY-SE-ZIP 34 C(TY+ST+ZIP Change Addition 4 i mue tifLE MANTE 4 2 SIAME STAFFT ADDRESS: 4 3 STREET ADDRESS 44 CRY - 51 - 71° city : \$f - \$iP \_ Add:tion Chánge \$ 1 TALE UTLE 52 NAME HAME S A SUMELL ARROWS STREET ADDRESS 5.4 ÇITY - 51 - 71° CITY-ST-ZIP \_\_ Chango Addillon d Limit Mt€ 6.2 NAME NAME 60 BIRLET ADDRESS SUPPLY ADDRESS 64 CITY - 67 - 71P 14. To brioby cerely that the information expelled with this singular adjustantly further and drawn on qualify for the exemption stated in Section 110.07(3)(k). Florida Statutes. I hinter certify that the information indicated in this annual report of supplemental annual report is also and accurate and that my signature shall have the same legal affect on it made under outs; that I are an affect of this companies of the compani CITY-ST-ZM

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# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthan:

Secretary of State DIVISION OF CORPORATIONS

1996

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Suite, Apt. #	#, etc.	Suite, Apt. #, etc	····		·	Not Applicable
22		27		5. Certificate of Status Desired		5 Additional Required
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Zφ	Country	Zip	Count y	8. This corporation has liability for inta		
24	25	29	30	Florida Statutes 🔲 Yes 🛭	∐ No	
	9. Name and Address of Curren	it Registered Agent	81 Nar	10. Name and Address of New Regi	istered Agent	
DADDIC	SH, LORETTA W					
	SORANGE BLOSSOM TR		82 Stre	et Address (P.O. Box Number is Not Acceptable)		
	1DO FL 32839-1752		83			
ALIPA!	10 0 10 00000 11 VE					
			84 City			p Code
or registers				corporation submits this statement for the purpos	se or crianging its f ment as registered	registered office
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Lore Ha W. Parrish 116/96 422-723:

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#### Sandra D. Mortham

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ASSOC	LATED COUNSELING A	Mailing Address 4563 B ORNAGE BLC ORLANDO FL \$2639	PSBOM TR					
US		US			Date Incorporated or Qualified     04/23/1993		e of Last R <b>0/1996</b>	abo/I
	Place of Business	2a. Mailing Address	*·		4. FEI Number	<u></u>	<b>—</b>	plied For
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456	is 6 orange blossom ti	R ·	82 5	Stroot Add	ress (P.O. Box Number is Not Accepte	ible)		
QR.	LANDO FL 32839-1752		83	<del>.</del>		· · · · · · · · · · · · · · · · · · ·		
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11 Pususu	t to the executions of Sections 6	07 0502 and 807 1609 Floring			poration submits this statement for the	FL		
of ce or agent 1	registered agont, or both, in the	State of Florida, Such change of obligations of, Section 607.050	ves eulhorized by th 5, Florida Statutes.	e corporat	tion's board of directors. I hereby acc	ept the appo	intment as	registered
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14 Lantier	eby corbly that the information s	upplied with this filing does not	qualify for the execu-	otion states	d in Section 119.07(3)(i), Florida Statu I my signature shall have the same leg	les. I further	corllfy that	the
7 8111 811	officer or director of the corpora	ort or supplemental annual repo ition or the receiver or trustee or god, or on an attachipent with a	powered to execut	e this ropo	rt as required by Chapter 607. Florida	Statules: an	id that my r	iame
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"Loretta W. Parrish

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## **FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 01 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # P93000030016 (8) ASSOCIATED COUNSELING AND EDUCATION, INC. Principal Place of Business Mailing Address 4563 8 ORANGE BLOSSOM TR 4563 S ORNAGE BLOSSOM TR ORLANDO FL 32839-752 ORLANDO FL 32839-752 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/23/1993 2. Principal Place of Business 2a. Mailing Address Applied For 59-3185624 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country 🚁 Name and Address of Current Registered Agen. 13 STREET ADORESS 14 City-St-Zip CITY · ST · ZIP DELETER TULE STRE - ST - ZP NAMI ET ADDRESS

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

#### **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

# 1999

DOCUMENT # P93000030016

Country

9. Name and Address of Current Registered Agent

25

4563 S ORANGE BLOSSOM TR ORLANDO FL 32839-1752

PARRISH, LORETTA W

ASSOCIATED COUNSELING AND EDUCATION, INC.

Principal Place of Business 4563 S ORANGE BLOSSOM TR ORLANDO FL 32839-752

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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Mailing Address

2a. Mailing Address

City & State

Zip

Surte, Apt. #, etc.

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4563 S ORNAGE BLOSSOM TR ORLANDO FL 32839-752

**FILED** May 10, 1999 8:00 am Secretary of State

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	3. Date Incorporated or Qualifed 04/23/1993		
	4. FEI Number	-	Applied For
ļ	59-3185624		Not Applicable
	5. Certificate of Status Desired		\$8.75 Additional Fee Required
	6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
	This corporation owes the curre     Personal Property Tax.	ent year Intan	igible ∐Yes ∐No
	10. Name and Address of New F	Registered A	gent
Name			
Street Addres	s (P.O. Box Number is Not Accepta	ible)	
		_	
City		FI	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of Section 607.0505. Florida Statutes.

Country

81 Name

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SIGNATURE	agent. I am ramiliar with, and accept the ubligations of, Section 607.0000, Florida Statutes.								
12.	SIGNATURE	Signature, broad or printed name of registered agent and title if applicable. (NOTE:	Registered Agent signature required	when reinstating) DATE					
NAME   PARRISH, LORETTA W   1325 CALATHEA DR   13 STREET ADDRESS   13 STREET ADDRESS   14 CITY-ST-ZIP	TO SECURE THE SECURE AND DESCRIPTION OF THE SECURE AND DESCRIPTION								
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CITY-ST-ZP    CRIANDO FL	STREET ADDRESS		1.3 STREET ADDRESS						
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CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 10 CITY-S									

Interept 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 annual report or suppliemental annual 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 profit as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE

April 30, 1999 Dayting Ph

# PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# **APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

#### P93000030016 **DOCUMENT#**

1. Corporation Name

## ASSOCIATED COUNSELING AND EDUCATION, INC.

Mailing Address Principal Place of Business

FILED

00 NOV 15 PM 12: 26

SECRETARY OF STATE TALLAHASSEE, FLORIDA

0017398



	ANGE BLOSSOM TR FL 32839-752	4563 \$ ORNA ORLANDO FL US	IGE BLOSSOM TR 32839-752	l			1))))
	ddresses are incorrect in any way, line						
2. New Pri	ncipal Office Address, If Applicable	3. New Mailir	ng Office Address	, If Applicable	4. Date Incorp To Do Busir	orated or Qualified ness in Florida (	04/23/1993
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.		5. FEI Number		Applied For
City & State	e	City & State			]	59-3185624	Not Applicable
Zip	Country-	Zip	Col	untry	6. CERTIFICATI	E OF STATUS DESIRED 🔲 S	8.75 Additional Fee required for a Certificate of Status
7. Names	and Street Addresses of Each Officer a	ind/or Director (Flo	rida nonprofit corp				
Title(s)	Name of Officers and/or Directors		3	Street Address of Eac Officer and/or Directo		City /	State / Zip
D	PARRISH, LORETŢA,W		1325 CALAŢŀ	iea dr	**	ORLANDO FL	;
	-				. ,		
		· <u>************************************</u>			<u>2</u>	0000348 -12/05/00- ****750.00	77322
	8. Name and Address of Curr	ant Popletand Age		einsta i		·	178
	6. Name and Address of Curr	sint it egistores Age	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name			
	ISH, LORETTA W S ORANGE BLOSSOM TR			Street Address	(P.O. Box Number	is Not Acceptable)	(000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000) (000)
ORLA	NDO FL 32839-1752			Suite, Apt. #, Et	c.	*	)°
•				City	•	\ <b>F</b>	ate Zip Code
10. I, bein Signature Registered	g appointed the registered agent of the	above named com	pration am familia	ar with and accept the	obligations of Sec	Date	3/80
this rei owed t	y that I am an officer or director or the n nstatement application, the reason for o by the corporation have been paid and application is true and accurate, and m	dissolution has beer the names of individ	n eliminated, the c duals listed on this	corporate name satistie s form do not qualify fo	es the requirement or an exemption ur	SOT SECTION 607.0401 OF 017	.040 I, F.S., mar an lees (
SIGNA	TURE: SIGNATURE AND TYPED OF	PRINTED NAME OF	SIGNING OFFICER	OR DIRECTOR	· .	10/18/00	407/422-7233 Daytingo Phone #

# **2001 UNIFORM BUSINESS REPORT (UBR)**

#### **FILED** May 02, 2001 8:00 am Secretary of State DOCUMENT # **P93000030016** 1. Entity Name ASSOCIATED COUNSELING AND EDUCATION, INC. 05-02-2001 90065 047 \*\*\*150.00 Principal Place of Business Mailing Address 4563 S ORANGE BLOSSOM TR 4563 S ORNAGE BLOSSOM TR ORLANDO FL 32839-752 ORLANDO FL 32839-752 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3185624 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PARRISH, LORETTA W Street Address (P.O. Box Number is Not Acceptable) 4563 S ORANGE BLOSSOM TR ORLANDO FL 32839-1752 Zip Code City FL 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME PARRISH, LORETTA W STREET ADDRESS STREET ADDRESS 1325 CALATHEA DR CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL ☐ Addition Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 escurate 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 regained by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE SECULOR AND TYPED OR PRINTED NAME OF SECUNDS OFFICER OR DIRECTOR

Lore Ha W. Parrish 4-27-01 40

# P930000 30006 BRIAN R. SEEBER 3740 Half Moon Drive

407-852-9359 Phone and Telecopier

Orlando, FL 32812-3818

May 16, 2002

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re:

Associated Counseling & Education, Inc.

Articles of Dissolution

Dear Sir or Madam:

Enclosed please find 2 original Articles of Dissolution for the above-referenced corporation, together with a check in the amount of \$43.75 to cover the filing fee and a certified copy to be returned to me at the above address.

Please advise if you have any questions in this regard.

000005574660--6 -05/20/02--01060--007 \*\*\*\*\*\*43.75 \*\*\*\*\*43.75

Very truly yours,

Brian R. Seeber

# ARTICLES OF DISSOLUTION OF

# ASSOCIATED COUNSELING EDUCATION

Pursuant to Section 607.1403 of the Florida Statutes, the undersigned Corporation adopts these Articles of Dissolution.

FIRST: The name of the Corporation is ASSOCIATED COUNTING, AND EDUCATION, INC.

SECOND: The dissolution was authorized on May 10, 2002.

THIRD: This dissolution was approved by the shareholders. The number of votes cast in favor of the dissolution was One Hundred (100), which was sufficient for approval pursuant to law.

FOURTH: These articles of dissolution will take effect on May 15, 2002.

ASSOCIATED COUNSELING & EDUCATION, INC.

Brian R. Seeber, President

4563 S. Orange Blossom Trail

Orlando, FL 32839

(SEAL)

**DATED: May 10, 2002**