2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State
01-21-2003 90549 044 ****61.25

DOCUMENT # N14397

1. Entity Name

THE GLASSER-SCHOENBAUM HUMAN SERVICES CENTER, IN C.

Principal Place of Business	Mailing Address
1750 17TH STREET P.O. BOX 1447 SARASOTA FL 34230-8447	1750 17TH STREET P.O. BOX 1447 SARASOTA FL 34230-8447

☐ CHECK HERE IF MAKING CHANGES

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 59-2707877 ☐ 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
TURNER, JAMNES L. 1550 RINGLING BOULEVARD SARASOTA FL 33577-6803	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	~~TD~~ VPD	☐ Delete	TITLE	PD ☐ Change ☒ Addition
NAME	PENDER, MICHAEL JR		NAME	Carolyn Fitzpatrick
STREET ADDRESS	2381 FRUITVILLE RD		STREET ADDRESS	901 Venetia Bay Blvd Suite 100
CITY-ST-ZIP	SARASOTA FL 34237		CITY-ST-ZIP	Venice, FL 34284
TITLE	D	☐ Delete	TITLE	☐ Change
NAME	GLASSER, DR. KAY E.		NAME	
STREET ADDRESS	888 BLVD OF THE ARTS #807		STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL		CITY-ST-ZIP	
TITLE	PD	☒ Delete	TITLE	TD ☐ Change ☒ Addition
NAME	KING, DOYLE		NAME	Rita Aughey
STREET ADDRESS	6900 GATOR CREEK DR		STREET ADDRESS	811 Palm Avenue S.
CITY-ST-ZIP	SARASOTA FL 34241		CITY-ST-ZIP	Sarasota, FL 34236
TITLE		☐ Delete	TITLE	SD ☐ Change ☒ Addition
NAME			NAME	Carol Green
STREET ADDRESS			STREET ADDRESS	136 Golden Gate Point #302
CITY-ST-ZIP			CITY-ST-ZIP	Sarasota, FL 34236
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E037 (10/02)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael Pender JAN 10 2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #