

2000 UNIFORM BUSINESS REPORT (UBR)

0070080

DOCUMENT # 706824

1. Entity Name

FAMILY COUNSELING CENTER OF SARASOTA COUNTY, INC

FILED

00 MAR -8 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3205 S GATE CIRCLE
SARASOTA FL 34239

3205 S GATE CIRCLE
SARASOTA FLA 34239-5514

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

59-6147312

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

BAGLEY, SARA A
3205 SOUTH GATE CIRCLE
SARASOTA FL 34239

Name

GREGORIA, RIC
200 S. ORANGE AVENUE

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

City

SARASOTA

FL

34236

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
BAGLEY, SARA A
1435 CEDAR BAY LANE
SARASOTA FL 34231 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
6000003170306--3
-03/15/00--01007--002

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
LOGAN, JAY
1515 RINGLING BLVD., SUITE 600
SARASOTA FL 34236 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
*****70.00 *****70.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VCD
GREGORIA, RIC
200 S ORANGE AVENUE
SARASOTA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C.D. ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VCD
KEANE, GERALD B ESQ
46 NORTH WASHINGTON BLVD., SUITE 5
SARASOTA FL 34236 ☐ 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
SD
BOYLSTON, GAY H.
1535 MIDNIGHT PASS RD.
SARASOTA, FL 34242 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
LS ☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)