2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State
02-11-2002 90049 046 ****70.00

DOCUMENT # 706824

1. Entity Name

FAMILY COUNSELING CENTER OF SARASOTA COUNTY, INC

Principal Place of Business	Mailing Address
1844 17TH STREET SARASOTA FL 34234	PO BOX 15987 SARASOTA FL 34277-1987

DO NOT WRITE IN THIS SPACE

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
PEPPER, SANDRA 1844 17TH STREET SARASOTA FL 34234	Name: THOMAS F. CRAWFORD Street Address (P.O. Box Not Acceptable): 1844 17TH ST. City: SARASOTA FL Zip Code: 34234

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: Thomas F. Crawford, THOMAS F. CRAWFORD 01/14/2002
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	DVC LOGAN, JAY 1515 RINGLING BLVD., SUITE 600 SARASOTA FL 34236	☐ Delete	DC	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVC GREGORIA, RIC 200 S ORANGE AVENUE SARASOTA FL	☒ Delete	DVC JAN MILLER 201 CENTER ROAD, SUITE TWO VENICE, FL 34292	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC PEPPER, SANDRA L 1515 RINGLING BLVD SARASOTA FL 34234	☐ Delete	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS KOSKO, SUSAN 1515 RINGLING BLVD SARASOTA FL 34234	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT PLUSH, CARLA CPA 2 NORTH TRAIL STE 604 SARASOTA FL 34236	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRAWFORD, THOMAS F 1844 17TH STREET SARASOTA FL 34234	☐ Delete		☐ Change ☐ Addition

CR2E037 (9/01)

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: Thomas F. Crawford THOMAS F. CRAWFORD 1/14/2002 (941) 955-7017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #