

# 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  
Street Address (P.O. Box Number is Not Acceptable) 200 S. ORANGE AVENUE  
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 ☒ Delete  
NAME CD  
STREET ADDRESS BAGLEY, SARA A  
CITY-ST-ZIP 1435 CEDAR BAY LANE  
SARASOTA FL 34231

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

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

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

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

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

TITLE ☐ Delete  
NAME VCD  
STREET ADDRESS KEANE, GERALD B ESQ  
CITY-ST-ZIP 46 NORTH WASHINGTON BLVD., SUITE 5  
SARASOTA FL 34236

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME SD  
STREET ADDRESS BOYLSTON, GAY H.  
CITY-ST-ZIP 1535 MIDNIGHT PASS RD.  
SARASOTA, FL 34242

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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)