

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90128 001 ***140.00

DOCUMENT # 706824

1. Entity Name

FAMILY COUNSELING CENTER OF SARASOTA COUNTY, INC

Principal Place of Business

3205 S GATE CIRCLE
SARASOTA FLA 34239

Mailing Address

3205 S GATE CIRCLE
SARASOTA FLA 34239

00000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1844 17th St.

Mailing Address

P.O. Box 15987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

SARASOTA, FL

4. FEI Number

59-6147312

Applied For

Not Applicable

Zip
34234

Country

Zip

34277-1987

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GREGORIA, RIC
200 S. ORANGE AVENUE
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name: Sandra Pepper
Street Address (P.O. Box Number is Not Acceptable): 1844 17th Street
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

Sandra L Pepper

3-16-01

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

TITLE	TD	<input type="checkbox"/> Delete
NAME	LOGAN, JAY	
STREET ADDRESS	1515 RINGLING BLVD., SUITE 600	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	CD	<input type="checkbox"/> Delete
NAME	GREGORIA, RIC	
STREET ADDRESS	200 S. ORANGE AVENUE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VCD	<input checked="" type="checkbox"/> Delete
NAME	KEANE, GERALD B ESO	
STREET ADDRESS	46 NORTH WASHINGTON BLVD., SUITE 5	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BOYLSTON, GAY H	
STREET ADDRESS	7535 MIDNIGHT PASS ROAD	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DVC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DVC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sandra L. Pepper	
STREET ADDRESS	1515 Ringling Blvd.	
CITY-ST-ZIP	Sarasota, FL 34234	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Susan Kosko	
STREET ADDRESS	1515 Ringling Blvd.	
CITY-ST-ZIP	Sarasota, FL 34234	
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carla Plush, CPA	
STREET ADDRESS	2 North Trail, Ste #604	
CITY-ST-ZIP	Sarasota, FL 34236	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas F. Crawford	
STREET ADDRESS	1844 17th Street	
CITY-ST-ZIP	Sarasota, FL 34234	

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:

Sandra L Pepper

3-16-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)