

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 22, 2001 8:00 am**  
**Secretary of State**

02-22-2001 90123 046 \*\*\*\*61.25

**DOCUMENT # 707748**

1. Entity Name

**FAMILY COUNSELING CENTER OF BREVARD, INC.**

Principal Place of Business

**220 CORAL SANDS DR  
 ROCKLEDGE FL 32955**

Mailing Address

**220 CORAL SANDS DR  
 ROCKLEDGE FL 32955**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-1059517**

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

**KOLODZIEJ  
 KOLODIEJ, PHILLIP J  
 220 CORAL SANDS DRIVE  
 ROCKLEDGE FL 32955**

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.

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 METTRICK, BILL 2575 WEST NEW HAVEN AVE MELBOURNE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KOSS, BRIGITTE 350 PATRICK AVE MERRITT ISLAND FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>KOLODZIEJ</b> KOLODIEJ, PHILLIP J 109 ROCKLEDGE AVE MELBOURNE FL 32940	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD HOPKINS, SUSAN S 7970 TIMBERLAKE DRIVE MELBOURNE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BALACK, JOYCE HELEN 2005 CANTERBURY CIRCLE INDIALANTIC FL 32903	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KARLA, TORPY 1337 PINEAPPLE AVENUE MELBOURNE, FL 32935	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KOLODZIEJ, PHILLIP J. 441 LAKE VICTORIA CIRCLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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**

2/19/01

321-632-5792

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)