

2000 UNIFORM BUSINESS REPORT (UBR)

2/24/00-90002-020-\$70.00-\$70.00

DOCUMENT # 761491

1. Entity Name

FAMILY COUNSELING CENTER OF PINELLAS COUNTY, INC

FILED

00 MAR 24 PM 2: 19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

% 2960 ROOSEVELT BLVD.
CLEARWATER FL 34620

% 2960 ROOSEVELT BLVD.
CLEARWATER FL 34620

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2159114

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

WISE, SUZANNE G
2960 ROOSEVELT BOULEVARD
CLEARWATER FL 34620

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 PED ☒ Delete
NAME WORLDS, MAJ A LOIS
STREET ADDRESS 1300 1 AVE N
CITY-ST-ZIP ST PETERSBURG FL

TITLE PED ☐ Change ☒ Addition
NAME Skalski, Joseph C.
STREET ADDRESS 14010 Roosevelt Boulevard #708
CITY-ST-ZIP Clearwater, FL 33762

TITLE VD ☐ Delete
NAME JACKSON, DORETHA S.
STREET ADDRESS 1015 10TH AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33705

TITLE VD ☐ Change ☒ Addition
NAME Wiseman, Marcia L.
STREET ADDRESS P.O. Box 210
CITY-ST-ZIP Clearwater, FL 33757-0210

TITLE SD ☐ Delete
NAME KORPAN, PATRICIA G
STREET ADDRESS 4993 TURTLE CREEK TRAIL
CITY-ST-ZIP OLDSMAR FL

TITLE SD ☐ Change ☒ Addition
NAME Jackson, Doretha S.
STREET ADDRESS 1015 10th Avenue North
CITY-ST-ZIP St. Petersburg, FL 33705

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

Suzanne Gibson Wise

1-18-00

727-531-0482

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Joseph C. Skalski, Board President

3-21-00

727-536-5001

CR2E037 (9/99)