

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K42660

1. Entity Name

ADLERIAN CENTER FOR COUNSELING AND THERAPY, INC.

**FILED**  
**Apr 14, 2000 8:00 am**  
**Secretary of State**

04-14-2000 90083 035 \*\*\*150.00

Principal Place of Business

3200 UNIVERSITY DR  
STE 208  
CORAL SPRINGS FL 33065  
US

Mailing Address

3200 UNIV. DR.  
STE 208  
CORAL SPRINGS FL 33065-4100  
US

2. Principal Place of Business

4653 N University Dr  
Suite, Apt. #, etc.

3. Mailing Address

4653 N University Dr.  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Coral Springs FL

City & State

Coral Springs FL

4. FEI Number

65-0092280

Applied For

Not Applicable

Zip

33067

Country

USA

Zip

33067

Country

USA

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

CALDWELL, MARY P.  
3200 UNIVERSITY DRIVE  
STE 208  
CORAL SPRINGS FL 33065

Name

Mary P. Caldwell

Street Address (P.O. Box Number is Not Acceptable)

4653 N University Dr.

City

Coral Springs

FL

Zip Code

33067

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	CALDWELL, MARY P.	
STREET ADDRESS	3200 UNIVERSITY DR	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4653 N University Drive	
CITY-ST-ZIP	Coral Springs, FL 33067	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/00

CR2E034 (9/99)