

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90107 035 \*\*\*150.00

0553065

**DOCUMENT # L99204**

1. Entity Name  
**FAMILY LIFE COUNSELING SERVICES, INC.**

Principal Place of Business  
**5618 NW 43RD STREET**  
**GAINESVILLE FL 32653**  
**US**

Mailing Address  
**P.O. BOX 830731**  
**OCALA FL 34483**  
**US**

2. Principal Place of Business  
**3515 SE 17th St.**

3. Mailing Address  
**PO Box 830731**

Suite, Apt. #, etc.  
**Suite 102**  
 City & State  
**Ocala, FL**

Suite, Apt. #, etc.  
 City & State  
**Ocala, FL**

Zip **34471** Country **US**

Zip **34483** Country **US**

4. FEI Number **59-3028046**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**SIMPSON, DALE G**  
**221 LONG LAKE RD.**  
**HAWTHORNE FL 32640**

**7. Name and Address of New Registered Agent**

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 *Dale G Simpson*  
 Signature, typed or printed name of registered agent and title if applicable.

1-8-01  
 DATE

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>SIMPSON, DALE G</b> <b>221 LONG LAKE RD</b> <b>HAWTHORNE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>DUPERE, DAVID P</b> <b>193 HICKORY RD</b> <b>OCALA FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>DUPERE, NANCY J</b> <b>193 HICKORY RD</b> <b>OCALA FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>SIMPSON, SUSAN S</b> <b>221 LONG LAKE RD</b> <b>HAWTHORNE FL</b>	<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"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Dale G Simpson, Pres.* **DALE G. SIMPSON**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-01 (352) 867-5395  
 Date Daytime Phone #

CR2E034 (10/00)