

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90216 034 ****70.00

DOCUMENT # N02000005592

1. Entity Name
T.H.E. COUNSELING GROUP, INC.



Principal Place of Business

**MIDTOWN MEDICAL PARK
1217 EAST AVENUE SOUTH, STE. 211
SARASOTA FL 34239**

Mailing Address

**MIDTOWN MEDICAL PARK
1217 EAST AVENUE SOUTH, STE. 211
SARASOTA FL 34239**



2. Principal Place of Business

**MIDTOWN MEDICAL PARK
Suite, Apt. #, etc. 304
1219 EAST AVENUE SOUTH, SUITE
City & State
SARASOTA, FLORIDA**

3. Mailing Address

**MIDTOWN MEDICAL PARK
Suite, Apt. #, etc.
1219 EAST AVENUE SOUTH, SUITE 304
City & State
SARASOTA, FLORIDA**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

38-3659542

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROBERTS, BRUCE F
7753 STATE ROAD 72
SARASOTA FL 34241**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ELROD, WILLIAM M	
STREET ADDRESS	2040 UPTOWN AVENUE	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROBERTSON, RODNEY	
STREET ADDRESS	8000 BEE RIDGE ROAD	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	STD.	<input type="checkbox"/> Delete
NAME	ROBERTS, BRUCE F	
STREET ADDRESS	7753 STATE ROAD # 72	
CITY-ST-ZIP	SARASOTA FL 34231	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2040 UPTON AVENUE	
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		
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		

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:

WILLIAM M. ELROD 03 FEB 2002 941-952-1562

CR2E037 (10/02)