

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23165

1. Entity Name

SELF AWARENESS COUNSELING CENTER, INC.

FILED
Sep 21, 2000 8:00 am
Secretary of State

09-21-2000 90003 012 ****70.00

Principal Place of Business

Mailing Address

% CARMEN L. LEON
2901 KINYON AVE
TAMPA FL 33602
US

% CARMEN L. LEON
2901 KINYON AVE
TAMPA FL 33602
US

2. Principal Place of Business

3. Mailing Address

2118 S. Cortez Ave

2118 S. Cortez Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa, FL

Tampa, FL

Zip 33629

Country USA

Zip 33629

Country USA

4. FEI Number

59-2902813

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

LEON, CARMEN L
2901 KINYON AVE
TAMPA FL 33602

Name

Brown, Thomas Dewey

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

2118 S. Cortez Ave

City

Tampa

FL

Zip Code

33629

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

Thomas Dewey Brown, V.P.

Thomas Dewey Brown, V.P. 9-13-00

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

After September 13, 2000 min. will be \$236.25

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	PDT	<input type="checkbox"/> Delete
NAME	LEON, CARMEN L	
STREET ADDRESS	2901 KINYON AVENUE	
CITY-ST-ZIP	TAMPA FL	
TITLE	SDV	<input type="checkbox"/> Delete
NAME	BROWN, THOMAS DEWEY	
STREET ADDRESS	2118 CORTEZ AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOGAN, WILLIAM PATRICK	
STREET ADDRESS	1880 PINE GROVE RD	
CITY-ST-ZIP	MULBERRY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARCIA, DAVID S	
STREET ADDRESS	12805 RAIN FOREST ST	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	VENNETT, MARK T.	
STREET ADDRESS	8025 JACKSON SPRINGS RD	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Leon, Carmen L	
STREET ADDRESS	5105 Rose Place	
CITY-ST-ZIP	Pinellas Park, FL 33782-3504	
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:

Thomas Dewey Brown, V.P.

Thomas Dewey Brown, V.P. 9-13-00 813-250-9054

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)



The Self-Awareness
Counseling Center, Inc. & Bookstore

Attachment
N23165
D008 7490

To Whom It May Concern,

I request you accept 9-13-00 filing
date. I am responsible to file annually,
but I had a heart attack recently.

Thank you for your consideration.

Thomas Dewey Brown, V.P.
813 250-9054