

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23165

1. Entity Name

SELF AWARENESS COUNSELING CENTER, INC.

Principal Place of Business

2118 S CORTEZ AVE
TAMPA FL 33629
US

Mailing Address

2118 S CORTEZ AVE
TAMPA FL 33629
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

BROWN, DEWEY T
2118 S CORTEZ AVE
TAMPA FL 33629

Name Brown, Thomas D.

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 D. Brown

Thomas D. Brown, V.P. 4/30/01

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 ☐ Delete
NAME PD
STREET ADDRESS LEON, CARMEN L
CITY-ST-ZIP 5105 ROSE PLACE
PINELLAS PARK FL 33782

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

TITLE ☐ Delete
NAME SDV
STREET ADDRESS BROWN, THOMAS DEWEY
CITY-ST-ZIP 2118 CORTEZ AVE
TAMPA FL

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

TITLE ☐ Delete
NAME D
STREET ADDRESS LOGAN, WILLIAM PATRICK
CITY-ST-ZIP 1880 PINE GROVE RD
MULBERRY FL

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

TITLE ☐ Delete
NAME D
STREET ADDRESS GARCIA, DAVID S
CITY-ST-ZIP 12805 RAIN FOREST ST
TAMPA FL

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

TITLE ☐ Delete
NAME D
STREET ADDRESS VENNETT, MARK T.
CITY-ST-ZIP 8025 JACKSON SPRINGS RD
TAMPA FL

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:

Thomas D. Brown

Thomas D. Brown V.P. 813-250-9054

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90182 004 ****70.00

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)