

2001 UNIFORM BUSINESS REPORT (UBR)

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

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

DOCUMENT # N23165

1. Entity Name

SELF AWARENESS COUNSELING CENTER, INC.

Principal Place of Business

Mailing Address

2118 S CORTEZ AVE
 TAMPA FL 33629
 US

2118 S CORTEZ AVE
 TAMPA FL 33629
 US

00000147



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2902813

Applied For

Not Applicable

Zip

Country

Zip

Country

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	PDT	<input type="checkbox"/> Delete
NAME	LEON, CARMEN L	
STREET ADDRESS	5105 ROSE PLACE	
CITY-ST-ZIP	PINELLAS PARK FL 33782	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 D. Brown* **Thomas D. Brown V.P. 813-250-9054**

CR2E037 (10/00)