

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50744

1. Entity Name

FLORIDA SOCIETY FOR CLINICAL SOCIAL WORK, INC.

Principal Place of Business

Mailing Address

3647 WOODHILL DRIVE
BRANDON FL 33511
US

3647 WOODHILL DRIVE
BRANDON FL 33511
US

2. Principal Place of Business

3. Mailing Address

3501 45th St West
Suite, Apt. #, etc.

3501 45th St West
Suite, Apt. #, etc.

City & State

Bradenton, FL

City & State

Bradenton FL

Zip

34209

Country

USA

Zip

34209

Country

USA

4. FEI Number

65-0357470

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

WELCH, SUSAN S.
1605 MAIN ST., STE 400
SARASOTA FL 34230

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

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	D	<input type="checkbox"/> Delete
NAME	MCGRATH, STEPHEN J.	
STREET ADDRESS	3501 45TH ST. WEST	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAMMOND, MARGARET	
STREET ADDRESS	4503 COUNTRY GATE CT	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE	DP	<input type="checkbox"/> Delete
NAME	DERITA, MARTIN	
STREET ADDRESS	2011 HOWARD DR.	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLLINS, CHRISTINE B.	
STREET ADDRESS	3920 BEE RIDGE RD.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MCGRATH, LINDA	
STREET ADDRESS	3501 - 45TH ST., W.	
CITY-ST-ZIP	BRADENTON FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	LAMB, MARY DINE	
STREET ADDRESS	3647 WOODHILL DR	
CITY-ST-ZIP	BRANDON FL 33511	

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	
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STREET ADDRESS	
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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:

Margaret A. Hammond Margaret A. Hammond 4/11/01 689186

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90083 046 ****61.25

743305



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)