

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000001009

1. Entity Name

THE NATIONAL BOARD OF CHRISTIAN CLINICAL THERAPI

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90016 004 ****61.25

Principal Place of Business

Mailing Address

4470 NORTHGATE COURT
SARASOTA FL 34234
US

4470 NORTHGATE COURT
SARASOTA FL 34234-2121
US

2. Principal Place of Business

3650 17th St

3. Mailing Address

3650 17th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota FL

City & State

Sarasota

Zip

Country

34235

Zip

Country

34235

4. FEI Number

65-0381809

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

ARNO, RICHARD G
4470 NORTHGATE COURT
SARASOTA FL 34234

Name

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

3650 17th St

City

Sarasota

FL

Zip Code

34235

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

Richard G Arno

Richard G Arno

2/16/00

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

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	DP	<input type="checkbox"/> Delete
NAME	ARNO, RICHARD G	
STREET ADDRESS	4470 NORTHGATE COURT	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SMITH, PHYLLIS J	
STREET ADDRESS	888 BOULEVARD OF THE ARTS, SUITE 1404	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	STRUBLE, DONALD W	
STREET ADDRESS	5824 BEE RIDGE RD #169	
CITY-ST-ZIP	SARASOTA FL 34233	
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		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3650 17th St.	
CITY-ST-ZIP	Sarasota FL 34235	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3650 17th St	
CITY-ST-ZIP	Sarasota FL 34235	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3650 17th St	
CITY-ST-ZIP	Sarasota FL 34235	
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		

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:

Donald W. Struble

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/00

Date

941-951-6486

Daytime Phone #

CR2E037 (9/99)