

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000074

1. Entity Name

FLORIDA SOCIETY OF PASTORAL COUNSELORS, INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90222 001 \*\*\*\*70.00

Principal Place of Business

Mailing Address

4550 CLYDE MORRIS BLVD.  
 SUITE C  
 PORT ORANGE FL 32119

4550 CLYDE MORRIS BLVD.  
 SUITE C  
 PORT ORANGE FL 32119-4080



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

10819 S.W. 86 Ave.

10819 SW 86 Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

Ocala, FL

Zip

34481

Country

US

Zip

34481

Country

US

4. FEI Number

59-3219455

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

IRBY, JAMES L DR.  
 4550 CLYDE MORRIS BLVD.  
 SUITE C  
 PORT ORANGE FL 32119

Name

Dr. Donald W. Struble

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

3650 17th Street

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

*Donald W. Struble*

Donald W. Struble  
 Registered Agent

4/27/00

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	PD	<input checked="" type="checkbox"/> Delete
NAME	IRBY, JAMES L DR.	
STREET ADDRESS	4550 CLYDE MORRIS BLVD., SUITE C	
CITY-ST-ZIP	PORT ORANGE FL 32119	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WIRT, DONALD W	
STREET ADDRESS	2100 ALT. 19 NORTH	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	IRBY, FAYE	
STREET ADDRESS	4550 CLYDE MORRIS BLVD., SUITE C	
CITY-ST-ZIP	PORT ORANGE FL 32119	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	THOMPSON, JOHN R DR.	
STREET ADDRESS	P.O. BOX 16889 N/A	
CITY-ST-ZIP	TEMPLE TERRACE FL 33687	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jo S. Clifford	
STREET ADDRESS	10819 SW 86 Ave.	
CITY-ST-ZIP	Ocala, FL 34481	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Margaret McCombs	
STREET ADDRESS	521 Mockingbird Court	
CITY-ST-ZIP	Lake Mary, FL 32746	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kathleen W. Mann	
STREET ADDRESS	6151 NE 2nd Place	
CITY-ST-ZIP	Ocala, FL 34470	
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

Date

Daytime Phone #

4/27/00 941-251-6486

CR2E037 (9/99)