

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005047

1. Entity Name

SAMARITAN COUNSELING CENTER OF SOUTHWEST FLORIDA

Principal Place of Business

2437 MCGREGOR BLVD
FT MYERS FL 33901
US

Mailing Address

2439 MCGREGOR BLVD
FT MYERS FL 33901-3305
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

65-0539869

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

SUMNER, JOHN C.
SAMARITAN COUNSELING CENTER
2439 MCGREGOR BLVD
FT MYERS FL 33901

Name

Pat Merrill

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

6645 N.E. Masters Ave.

City

Arcadia

FL

Zip Code
34266

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 Pat Merrill, Treasurer

Signature, typed or printed name of registered agent and title if applicable

Pat Merrill

(NOTE: Registered Agent signature required when reinstating)

3/13/00

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 TD ☒ Delete
NAME SENERAT, VASANTA CPA
STREET ADDRESS 4531 DELEON ST STE 110
CITY-ST-ZIP FT MYERS FL 33907

TITLE VD ☒ Delete
NAME LIVINGSTON, RALPH
STREET ADDRESS 2352 BRUNER LANE SE
CITY-ST-ZIP FT MYERS FL 33912

TITLE D ☒ Delete
NAME DANGLER, JEREY
STREET ADDRESS 52454 CEDAR BEND DR
CITY-ST-ZIP FT. MYERS FL 33919

TITLE D ☒ Delete
NAME SCHIRTZINGER, DOROTHY
STREET ADDRESS 5685 BADEN CRT
CITY-ST-ZIP FT. MYERS FL 33919

TITLE D ☐ Delete
NAME PRATHER, ANDREA
STREET ADDRESS 688 ASTARIA CIR
CITY-ST-ZIP FORT MYERS FL 33919

TITLE D ☐ Delete
NAME BROWN, NANCY
STREET ADDRESS 1336 WALES DR
CITY-ST-ZIP FT MEYER FL 33901

TITLE P ☐ Change ☒ Addition
NAME Rev. Bruce Merton
STREET ADDRESS Cypress Lakes Presbyterian Church, 8260
CITY-ST-ZIP Cypress Lake Drive, Fort Myers 33919-5118

TITLE S ☐ Change ☒ Addition
NAME Phyllis Seaman
STREET ADDRESS 36 Neiba Court, Fort Myers 33912

TITLE T ☒ Change ☐ Addition
NAME Pat Merrill
STREET ADDRESS 6645 N.E. Masters Ave.,
CITY-ST-ZIP Arcadia, 34266

TITLE D ☐ Change ☐ Addition
NAME vera bergermann, Esq.
STREET ADDRESS P. O. Box 9342
CITY-ST-ZIP Fort Myers, FL 33902-9342

TITLE D ☐ Change ☒ Addition
NAME Jane Keil
STREET ADDRESS 2300 S.W. 39th Terrace
CITY-ST-ZIP Cape Coral, FL 33914

TITLE D ☐ Change ☐ Addition
NAME Leiana Verwest
STREET ADDRESS 6928 Old Whiskey Creek Dr.
CITY-ST-ZIP Fort Myers, FL 33919

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:

Pat Merrill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/00
Date

941-993-0483
Daytime Phone #

CR2E037 (9/99)