

2000 UNIFORM BUSINESS REPORT (UBR)

01/20/00-20033-002-3/0.00-3/0.00

DOCUMENT # N97000004531

1. Entity Name

FAMILY COUNSELING CENTER FOUNDATION OF SARASOTA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 25 AM 10:39

Principal Place of Business

Mailing Address

~~3205 SOUTHGATE CIR~~ 1844 17TH ST.
SARASOTA FL 34230

~~3205 SOUTHGATE CIR~~ PO BOX 15987
SARASOTA FL 34230

34234

34277-1987

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

33-1161550

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

MIDDLEBROOKS, J. HUGH
200 S. ORANGE AVE.
SARASOTA FL 34236

Name

SANDRA L. PEPPER

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

1844 17TH STREET

City

SARASOTA

FL

Zip Code

34234

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

Sandra L. Pepper

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

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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 DC
NAME PEPPER, SANDRA L
STREET ADDRESS ~~3205 SOUTHGATE CIR~~ 1515 RINGLING
CITY-ST-ZIP SARASOTA FL 34230-34234

TITLE DVC
NAME JAY V. LOGAN
STREET ADDRESS 1515 RINGLING, SUITE 600
CITY-ST-ZIP SARASOTA, FL 34236

TITLE DVC
NAME GREGORIA, RIC ESQ.
STREET ADDRESS 200 S. ORANGE AVE.
CITY-ST-ZIP SARASOTA FL 34236

TITLE DT
NAME CARLA PLYSH CPA
STREET ADDRESS 2 N TAMiami TRAIL SUITE 604
CITY-ST-ZIP SARASOTA, FL 34236

TITLE D
NAME KEANE, GERALD B ESQ.
STREET ADDRESS 46 N. WASHINGTON BLVD. STE. 5
CITY-ST-ZIP SARASOTA FL 34236

TITLE DS
NAME SUSAN KOSKO
STREET ADDRESS 1515 RINGLING
CITY-ST-ZIP SARASOTA, FL 34236

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME THOMAS F. CRAWFORD
STREET ADDRESS 1844 17TH STREET
CITY-ST-ZIP SARASOTA, FL 34234

TITLE
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STREET ADDRESS
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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:

Sandra L. Pepper

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (5/00)