

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004531

1. Entity Name

FAMILY COUNSELING CENTER FOUNDATION OF SARASOTA

Principal Place of Business

1844 17TH STREET
SARASOTA FL 34234

Mailing Address

PO BOX 15987
SARASOTA FL 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

PEPPER, SANDRA L
1844 17TH STREET
SARASOTA FL 34234

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 DC ☐ Delete
NAME PEPPER, SANDRA L
STREET ADDRESS 1515 RINGLING
CITY-ST-ZIP SARASOTA FL 34234

TITLE DT ☐ Change ☒ Addition
NAME Carla Plush, CPA
STREET ADDRESS 2. North Trail, Ste #604
CITY-ST-ZIP Sarasota, FL 34236

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

TITLE DVC ☐ Change ☒ Addition
NAME Jay Logan
STREET ADDRESS 1515 Ringling Blvd, Ste #600
CITY-ST-ZIP Sarasota, FL 34236

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Sandra L Pepper

3-16-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)