

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90310 048 \*\*\*\*70.00

**DOCUMENT # N97000004531**

1. Entity Name

**FAMILY COUNSELING CENTER FOUNDATION OF SARASOTA COUNTY, INC.**

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 **Ric Gregoria**  
 Street Address (P.O. Box Number is Not Acceptable)  
**200 S. Orange Ave**  
**Sarasota FL 34236**  
 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	<input checked="" type="checkbox"/> Delete
NAME	PEPPER, SANDRA L	
STREET ADDRESS	1515 RINGLING	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	DVC	<input type="checkbox"/> Delete
NAME	GREGORIA, RIC ESQ.	
STREET ADDRESS	200 S. ORANGE AVE.	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	KOSKO, SUSAN	
STREET ADDRESS	1515 RINGLING	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRAWFORD, THOMAS F	
STREET ADDRESS	1844 17TH STREET	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	PLUSH, CARLA CPA	
STREET ADDRESS	2 NORTH TRAIL STE 604	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	DVC	<input checked="" type="checkbox"/> Delete
NAME	LOGAN, JAY	
STREET ADDRESS	1515 RINGLING BLVD STE 600	
CITY-ST-ZIP	SARASOTA FL 34236	

TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Miller, Jan	
STREET ADDRESS	8592 Potter Park Drive	
CITY-ST-ZIP	Sarasota, FL 34238	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bos, Mary Beth	
STREET ADDRESS	1844 17th. Street	
CITY-ST-ZIP	Sarasota, FL 34234	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Moody, Neil	
STREET ADDRESS	100 Sands Point Road	
CITY-ST-ZIP	Sarasota, FL 34228	
TITLE	DC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bagley, Sara	
STREET ADDRESS	1435 Cedar Bay Lane	
CITY-ST-ZIP	Sarasota, FL 34231	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)