2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003
Secretary of State

DOCUMENT# N97000004531

Entity Name: FAMILY COUNSELING CENTER FOUNDATION OF SARASOTA COUNTY, INC.

Current Principal Place of Business:

1844 17TH STREET
SARASOTA, FL 34234

New Principal Place of Business:

5560 BEE RIDGE RD
BLDG D, SUITE 7
SARASOTA, FL 34233

Current Mailing Address:

PO BOX 15987
SARASOTA, FL 342771987

New Mailing Address:

FEI Number: 33-1161550 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GREGORIA, RIC
200 S. ORANGE AVE
SARASOTA, FL 34236

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DS	( ) Delete
Name:	MILLER, JAN	
Address:	8592 POTTER PARK DRIVE	
City-St-Zip:	SARASOTA, FL 34238	
Title:	DVC	(X) Delete
Name:	GREGORIA, RIC ESQ.	
Address:	200 S. ORANGE AVE.	
City-St-Zip:	SARASOTA, FL 34236	
Title:	D	( ) Delete
Name:	BOS, MARY BETH	
Address:	1844 17TH STREET	
City-St-Zip:	SARASOTA, FL 34234	
Title:	D	( ) Delete
Name:	CRAWFORD, THOMAS F	
Address:	1844 17TH STREET	
City-St-Zip:	SARASOTA, FL 34234	
Title:	D	( ) Delete
Name:	MOODY, NEIL	
Address:	100 SANDS POINT ROAD	
City-St-Zip:	SARASOTA, FL 34228	
Title:	DC	( ) Delete
Name:	BAGLEY, SARA	
Address:	1435 CEDAR BAY LANE	
City-St-Zip:	SARASOTA, FL 34231	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	BOS, MARY BETH	
Address:	5560 BEE RIDGE RD D-7	
City-St-Zip:	SARASOTA, FL 34233	
Title:	D	(X) Change ( ) Addition
Name:	CRAWFORD, THOMAS F	
Address:	5560 BEE RDIGE RD D-7	
City-St-Zip:	SARASOTA, FL 34233	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS F. CRAWFORD D 02/13/2003

Electronic Signature of Signing Officer or Director — Date