

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

02-17-2002 90044 045 ***150.00

DOCUMENT # P01000068228

1. Entity Name

SARASOTA COUNSELING AND PSYCHIATRIC SERVICES, INC.

Principal Place of Business

Mailing Address

~~3727 KINGSTON BLVD~~~~3727 KINGSTON BLVD~~~~SARASOTA FL 34238~~~~SARASOTA FL 34238~~

2. Principal Place of Business

1301 N. TAMIAHI TRAIL

3. Mailing Address

1301 N. TAMIAHI TRAIL

Suite, Apt. #, etc.

SUITE H

Suite, Apt. #, etc.

SUITE H

City & State

NOKOMIS FLORIDA

City & State

NOKOMIS FLORIDA

4. FEI Number

65-1118605

Applied For

Not Applicable

Zip

34238

Country

SARASOTA

Zip

34238

Country

SARASOTA5. Certificate of Status Desired ☐**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GERRITY, THOMAS E
1900 MAIN STREET STE 311
SARASOTA FL 34238

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME **D BARNHOUSE, HAGER**
 STREET ADDRESS **274 ANAPOLIS LANE**
 CITY-ST-ZIP **ROTONDA FL 33947**

TITLE ☐ Delete
 NAME **D BARNHOUSE, VICKI**
 STREET ADDRESS **274 ANAPOLIS LANE**
 CITY-ST-ZIP **ROTONDA FL 33947**

TITLE ☐ Delete
 NAME **D DUMAS, EDWARD**
 STREET ADDRESS **3727 KINGSTON BLVD**
 CITY-ST-ZIP **SARASOTA FL 34238**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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 #

1-30-02

(941) 418-4852

CR2E034 (9/01)