

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000022594

1. Entity Name  
COUNSELING AND PSYCHOTHERAPY CENTERS OF FLORIDA,

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90287 013 \*\*\*150.00

Principal Place of Business Mailing Address

1532 US 41 NORTH  
SUITE H  
LUTZ FL 33549  
US

PO BOX 2548  
LUTZ FL 33548  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0389609

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ROSENFELD, SALLY  
18107 WOODCREEK PL  
LUTZ FL 33549

Name SALLY ROSENFELD

Street Address (P.O. Box Number is Not Acceptable)  
6122 REGINA PL

City LAND O' LAKES FL Zip Code 34639

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 *Sally Rosenfeld*

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PDS ☐ Delete  
NAME ROSENFELD, SALLY  
STREET ADDRESS 18107 WOODCREEK PL  
CITY-ST-ZIP LUTZ FL

TITLE ☒ Change ☐ Addition  
NAME 6122 REGINA PL  
STREET ADDRESS LAND O' LAKES, FL. 34639  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME ROSENFELD, GARY  
STREET ADDRESS 18107 WOODCREEK PL  
CITY-ST-ZIP LUTZ FL 33549

TITLE ☒ Change ☐ Addition  
NAME 6122 REGINA PL.  
STREET ADDRESS LAND O' LAKES, FL. 34639  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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: *GARY ROSENFELD*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY ROSENFELD  
V. P.

4/19/01 803948-6298  
Date Daytime Phone #

CR2E034 (10/00)