

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000077975

1. Entity Name

GULF COAST PROFESSIONAL COUNSELING CENTER, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90228 002 ***150.00

Principal Place of Business

Mailing Address

ONE BCH DR
1312
ST PETERSBURG FL 33701
US

ONE BCH DR
1312
ST PETERSBURG FL 33701-3925
US

2. Principal Place of Business

ONE BEACH DRIVE SE

3. Mailing Address

ONE BEACH DR SE

Suite, Apt. #, etc.

2612

Suite, Apt. #, etc.

2612

City & State

ST PETERSBURG FL

City & State

ST. PETERSBURG FL

Zip

33701

Country

Zip

33701

Country

4. FEI Number

59-3272905

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

FLYNN, MICHAEL D
ONE BCH DR SE
STE #1312
ST PETERSBURG FL 33701

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, 2000 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 | D | <input type="checkbox"/> Delete |
| NAME | FLYNN, MICHAEL D | |
| STREET ADDRESS | ONE BCH DR S.E. STE 1312 | |
| CITY-ST-ZIP | ST PETERSBURG FL 33701 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-------------------------|--|
| TITLE | SECRETARY | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | FLYNN RONI | |
| STREET ADDRESS | ONE BCH DR. SE #2612 | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33701 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

Roni Flynn (RONI FLYNN)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael D Flynn

1/7/00
1/7/00

(727) 656-1799
Daytime Phone #

CR2E034 (9/99)