

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90325 043 \*\*\*150.00

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**DOCUMENT # S54150**

1. Entity Name  
**FAMILY CARE COUNSELING CENTER, INC.**



Principal Place of Business  
**929 N. SPRING GARDEN AVE.  
# 163  
DELAND FL 32720  
US**

Mailing Address  
**929 N. SPRING GARDEN AVE.  
# 163  
DELAND FL 32720  
US**



2. Principal Place of Business  
**280 DIRKSEN DR.**

3. Mailing Address  
**280 DIRKSEN DR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**DEBARY, FL.**

City & State  
**DEBARY, FL.**

4. FEI Number **59-3070150**

Applied For  
Not Applicable

Zip  
**32713**

Country  
**U.S.A.**

Zip  
**32713**

Country  
**U.S.A.**

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

**GREENHALGH, GORDON  
929 N. SPRING GARDEN AVE.  
SUITE 163  
DELAND FL 32720**

Name  
Street Address (P.O. Box Number is Not Acceptable)

**280 DIRKSEN DR.**

City **DEBARY**

FL Zip Code **32713**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **GREENHALGH, GORDON**  
CITY-ST-ZIP **929 N. SPRING GARDEN AVE. SUITE 163  
DELAND FL 32720**

TITLE ☒ Change ☐ Addition  
NAME **280 DIRKSEN DR.**  
STREET ADDRESS **DEBARY, FL.**  
CITY-ST-ZIP **32713**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or other like empowered.

SIGNATURE: **GORDON GREENHALGH** 4/23/03 386-468-9342  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (10/02)