

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000799

Entity Name

BIO-BEHAVIORAL INSTITUTE, INC.

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90130 017 ****61.25

Principal Place of Business

30 BAYMEADOWS RD
SUITE 308
JACKSONVILLE FL 32256

Mailing Address

8130 BAYMEADOWS RD
SUITE 308
JACKSONVILLE FL 32256

Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3226709**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KOEGLER, STEVEN C
217 PONTE VEDRA PARK DR
PONTE VEDRA BEACH FL 32082

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GRENADIER, ANN
STREET ADDRESS 8130 BAYMEADOWS RD SUITE 308
CITY-ST-ZIP JACKSONVILLE FL 32256 ☐ Delete

TITLE SD
NAME KOEGLER, STEVEN C
STREET ADDRESS 4655 SALISBURY RD SUITE 390
CITY-ST-ZIP JACKSONVILLE FL 32256 ☐ Delete

TITLE TD
NAME APPLEBY, CHARLES C
STREET ADDRESS 4655 SALISBURY RD SUITE 300
CITY-ST-ZIP JACKSONVILLE FL 32256 ☐ Delete

TITLE D
NAME LAZOFF, STEPHEN G
STREET ADDRESS 3945 SAN JOSE PARK DR
CITY-ST-ZIP JACKSONVILLE FL 32217 ☐ Delete

TITLE D
NAME HAZOURI, TOMMY
STREET ADDRESS 4655 SALISBURY RD SUITE 300
CITY-ST-ZIP JACKSONVILLE FL 32256 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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

2. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1/22/02

904-733-2038

CR2E037 (9/01)