

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90024 035 \*\*\*150.00

**DOCUMENT # 532322**

1. Entity Name

**LAPP AND ASSOCIATES BEHAVIORAL COUNSELING CENTER  
 S, P.A.**

Principal Place of Business

% GRANT, WILLIAM H. III  
 859 PARK AVE., STE 104  
 ORANGE PARK FL 32073

Mailing Address

% GRANT, WILLIAM H. III  
 859 PARK AVE., STE 104  
 ORANGE PARK FL 32073



2. Principal Place of Business

**clo Ennis Pellum + Griggs PA**  
 Suite, Apt. #, etc.  
**5150 Belfort Rd. S., # 600**

3. Mailing Address

**clo Ennis Pellum + Griggs PA**  
 Suite, Apt. #, etc.  
**5150 Belfort Rd. S., Bldg 600**

City & State

**Jacksonville, FL**

City & State

**Jacksonville, FL**

4. FEI Number

**59-2154334**

Applied For

Not Applicable

Zip

Country

**32256**

**U.S.**

Zip

Country

**32256**

**U.S.**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**GRANT, WILLIAM H., III**  
**859 PARK AVE., SUITE 104**  
**ORANGE PARK FL 32073**

7. Name and Address of New Registered Agent

Name **Ennis Pellum & Griggs, PA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5150 Belfort Rd. S.**  
**Bldg. # 600**  
 City **Jacksonville** **FL** Zip Code **32256**

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

**DAVID J. ISELBORN, CPA**

(NOTE: Registered Agent signature required when reinstating)

**4/24/02**

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 **DP** ☐ Delete  
 NAME **LAPP, JOHN E.**  
 STREET ADDRESS **931 CASSAT AVENUE**  
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

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:

**JOHN E. LAPP**

**4/24/02**

**(904)388 2828**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)