

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90219 019 \*\*\*150.00

**DOCUMENT # F95000000637**

1. Entity Name

**HORIZON BEHAVIORAL SERVICES, INC.**

Principal Place of Business

**1276 MINNESOTA AVE.  
WINTER PARK FL 32789**

Mailing Address

**1500 WATERS RIDGE DR  
LEWISVILLE TX 75057  
US**

**00010932**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**ST. PAUL'S EXECUTIVE CENTER**

**1398 SEMORAN BOULEVARD**

Suite, Apt. #, etc.

**SUITE 230**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**CASSELBERRY, FL**

City & State

4. FEI Number

**59-3269144**

Applied For

Not Applicable

Zip

**32707**

Country

**USA**

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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, 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

TITLE **P** ☐ Delete  
NAME **LAITNER, LINDA**  
STREET ADDRESS **1500 WATERS RIDGE DR**  
CITY-ST-ZIP **LEWISVILLE TX 75057**

TITLE **EVST** ☐ Delete  
NAME **MCATEE, JAMES W**  
STREET ADDRESS **1500 WATERS RIDGE DR**  
CITY-ST-ZIP **LEWISVILLE TX 75057**

TITLE **VP** ☐ Delete  
NAME **HARRISON, DOROTHY**  
STREET ADDRESS **1500 WATERS RIDGE DR**  
CITY-ST-ZIP **LEWISVILLE TX 75057**

TITLE **VP** ☐ Delete  
NAME **SCHOENEBERG, LYNN**  
STREET ADDRESS **1500 WATERS RIDGE DR**  
CITY-ST-ZIP **LEWISVILLE TX 75057**

TITLE **VPCT** ☐ Delete  
NAME **DRABIK, RONALD C**  
STREET ADDRESS **1500 WATERS RIDGE DR.**  
CITY-ST-ZIP **LEWISVILLE TX 75057**

TITLE **VP** ☐ Delete  
NAME **HART, STEVEN**  
STREET ADDRESS **1500 WATERS RIDGE DR.**  
CITY-ST-ZIP **LEWISVILLE TX 75057**

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

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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: RONALD C. DRABIK SR. VP**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**972-420-8200**

Daytime Phone #

CR2ED034 (10/00)