

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2002 8:00 am
Secretary of State

02-10-2002 90043 009 ***150.00

081313 AT

DOCUMENT # F95000000637

1. Entity Name
HORIZON BEHAVIORAL SERVICES, INC.

Principal Place of Business
ST. PAUL'S EXECUTIVE CENTER
1398 SEMORAN BLVD., SUITE 230
CASSELBERRY FL 32707

Mailing Address
1500 WATERS RIDGE DR
LEWISVILLE TX 75057
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3269144

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT ☐ Change ☒ Addition
PAUL PATTI
1500 WATERS RIDGE DRIVE
LEWISVILLE, TX 75057-6011

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT ☐ Change ☒ Addition
JEAN BROGAN
1500 WATERS RIDGE DRIVE
LEWISVILLE, TX 75057-6011

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* **RONALD C. DRABIK**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/10/02
Date

972-420-8200
Daytime Phone #

CR2E034 (9/01)