

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000000863

1. Entity Name  
BEHAVIORAL RESEARCH CENTER, LLC

Principal Place of Business  
5020 TAMiami TRAIL NORTH  
#102  
NAPLES FL 34103

Mailing Address  
P.O. BOX 413019  
NAPLES FL 34101

**FILED**  
**Jan 14, 2002 8:00 am**  
**Secretary of State**

01-14-2002 90019 026 \*\*\*\*50.00

902175



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
14848 Old US 41  
Suite, Apt. #, etc. 9  
City & State Naples FL  
Zip 34110 Country USA

3. Mailing Address  
PO Box 413019  
Suite, Apt. #, etc.  
City & State Naples FL  
Zip 34101 Country USA

4. FEI Number 65-0685863  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CONNORS, MICHAEL J  
5020 TAMiami TRAIL NORTH, SUITE 102  
NAPLES FL 34103

7. Name and Address of New Registered Agent  
Name Michael J Connors  
Street Address (P.O. Box Number is Not Acceptable)  
14848 Old US 41 #9  
City Naples FL Zip Code 34110

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 Michael J Connors Managing Member DATE 1/7/02  
Sign in ink or for printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CONNORS, MICHAEL J 5020 TAMiami TRAIL NORTH, SUITE 102 NAPLES FL 34103	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	14848 Old US 41 #9 Naples FL 34110	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the partner or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Michael J Connors, Managing Member DATE 1/7/02 DAYTIME PHONE # 9415935400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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