

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000799

1. Entity Name

BIO-BEHAVIORAL INSTITUTE, INC.

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90068 043 ****61.25

Principal Place of Business

Mailing Address

8130 BAYMEADOWS RD
SUITE 308
JACKSONVILLE FL 32256

8130 BAYMEADOWS RD
SUITE 308
JACKSONVILLE FL 32256-1812

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3226709

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	GRENADIER, ANN	
STREET ADDRESS	8130 BAYMEADOWS RD SUITE 308	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KOEGLER, STEVEN C	
STREET ADDRESS	4655 SALISBURY RD SUITE 390	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	TD	<input type="checkbox"/> Delete
NAME	APPLEBY, CHARLES C	
STREET ADDRESS	4655 SALISBURY RD SUITE 300	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAZOFF, STEPHEN G	
STREET ADDRESS	3945 SAN JOSE PARK DR	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WITHERSPOON, ANN	
STREET ADDRESS	1046 RIVERSIDE AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAZOURI, TOMMY	
STREET ADDRESS	4655 SALISBURY RD SUITE 300	
CITY-ST-ZIP	JACKSONVILLE FL 32256	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/9/2000 (904) 733-2058

CR2E037 (9/99)