

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 07, 2003 8:00 am
Secretary of State

01-07-2003 90019 011 ****61.25

DOCUMENT # N99000002127

1. Entity Name
THE BIO CRANIAL INSTITUTE, INC.



Principal Place of Business
**163 E. LAKE BRANTLEY DR.
LONGWOOD FL 32779**

Mailing Address
**163 E. LAKE BRANTLEY DR.
LONGWOOD FL 32779**

60000796



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3571205**

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

**TAUSSIG, GEORGE W
163 E. LAKE BRANTLEY DR.
LONGWOOD FL 32779**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **TAUSSIG, GEORGE W**
STREET ADDRESS **163 E. LAKE BRANTLEY DR.**
CITY-ST-ZIP **LONGWOOD FL 32779**

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

TITLE **D** ☒ Delete
NAME **LANG, PAMELA**
STREET ADDRESS **480 E. EVERGREEN AVE**
CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE **D** ☐ Change ☒ Addition
NAME **Cawby Sharon**
STREET ADDRESS **1623 Sapulpa Point Drive**
CITY-ST-ZIP **Longwood, FL 32779**

TITLE **D** ☒ Delete
NAME **BOYD, ROBERT**
STREET ADDRESS **15 FARNHAM ROAD, BANGOR, CO. DOWN, BT20**
CITY-ST-ZIP **35P, UNITED KINGDOM**

TITLE **D** ☐ Change ☒ Addition
NAME **Greenberg, Susan**
STREET ADDRESS **154 Shadow Bay Rd.**
CITY-ST-ZIP **Longwood, FL 32779**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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 of George W. Taussig

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)