

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000067835

FILED
Sep 06, 2002
Secretary of State

Entity Name: THE BEHAVIORAL HEALTH PLACE AT WESTON, INC.

Current Principal Place of Business:

1625 NORTH COMMERCE PARKWAY
SUITE 305
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

1625 NORTH COMMERCE PARKWAY
SUITE 305
WESTON, FL 33326

New Mailing Address:

FEI Number: ☐ **FEI Number Applied For (X)** ☒ **FEI Number Not Applicable ()** ☐ **Certificate of Status Desired ()** ☐

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

BAUMAN, JEFF M PSY.D.
1625 N. COMMERCE PARKWAY
SUITE 305
WESTON, FL 33326 US

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: JEFF M. BAUMAN, PSY.D.

09/06/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: BAUMAN, JEFF M PSY.D.
Address: 1625 NORTH COMMERCE PARKWAY #305
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFF M. BAUMAN, PSY.D.

PSTD

09/06/2002

Electronic Signature of Signing Officer or Director

Date