

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91521 009 ***150.00

DOCUMENT # PO1000076374

1. Entity Name

NEUROSCIENCE INSTITUTE OF FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

215 CELEBRATION PLACE

3. Mailing Address

POST OFFICE BOX 470325

Suite, Apt. #, etc.

Suite 500

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

CELEBRATION, FLORIDA

City & State

CELEBRATION, FLORIDA

Zip

34747

Country

USA

Zip

34747-0325

Country

USA

4. FEI Number

59-3735864

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

LAWRENCE H. HABER

Street Address (P.O. Box Number is Not Acceptable)

606 FRONT STREET

2ND FLOOR

City

CELEBRATION

FL

Zip Code

34747

**DO NOT WRITE
IN THIS SPACE**

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)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
LAWRENCE ERLICH
317 CELEBRATION BLVD.
CELEBRATION, FL 34747

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
BONNIE ERLICH
317 CELEBRATION BLVD
CELEBRATION, FL 34747

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/02 407.830.5252

Date

Daytime Phone #

CR2E034B (12/01)