

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000053300

1. Entity Name

PSYCHOEDUCATIONAL RESOURCES, INC.

Principal Place of Business

Mailing Address

1425 S. LAWRENCE BLVD.  
KEYSTONE HEIGHTS FL 32656  
US

POST OFFICE BOX 2196  
KEYSTONE HEIGHTS FL 32656

2. Principal Place of Business

3. Mailing Address

275 S. Lawrence Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Keystone Heights, FL

City & State

City & State

32656

US

Zip

Country

Zip

Country

4. FEI Number 59-3326526

Applied For

Not Applicable

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

NEIMEYER, GREGORY J  
1425 S. LAWRENCE BLVD.  
KEYSTONE HEIGHTS FL 32656

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP  
NAME NEIMEYER, ROBERT A  
STREET ADDRESS 482 CHERRY RD  
CITY-ST-ZIP MEMPHIS TN ☐ Delete

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

TITLE P  
NAME NEIMEYER, GREGORY J  
STREET ADDRESS 1425 S. LAWRENCE BLVD.  
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656 ☐ Delete

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Greg Neimeyer

1-11-01

Date

352-473-7360

Daytime Phone #

FILED  
Jan 22, 2001 8:00 am  
Secretary of State

01-22-2001 90147 023 \*\*\*158.75

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DO NOT WRITE IN THIS SPACE

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