

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90177 037 ***150.00

80019314



DO NOT WRITE IN THIS SPACE

DOCUMENT # 295706

1. Entity Name
THE CHAPPELL SCHOOLS, INC.

Principal Place of Business 8400 BAYCENTER RD JACKSONVILLE FL 32256 US	Mailing Address 8400 BAYCENTER RD JACKSONVILLE FLA 32256-7418 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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4. FEI Number 59-1104787	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DRENNON, KATHERYNE C
8400 BAYCENTER RD
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent
 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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	DRENNON, KATHERYNE C.	
STREET ADDRESS	8256 HOLLYRIDGE ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HARRIS, LYNNE B	
STREET ADDRESS	9581 SUGAR HOLLOW LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	DRANNON, WILLIAM	
STREET ADDRESS	8256 HOLLYRIDGE RD	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	✓	<input type="checkbox"/> Delete
NAME	Hilde Vandevulde	
STREET ADDRESS	11430 Beecher Circle East	
CITY-ST-ZIP	Jacksonville, FL. 32223	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6812 Linford Lane	
STREET ADDRESS	Jacksonville, FL 32217	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7679 Hollyridge Circle	
STREET ADDRESS	Jacksonville, FL 32256	
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: Lynne B. Harris **SIT** 2000 (904) 739-1279
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #