

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90045 018 \*\*\*\*61.25

**DOCUMENT # N95000003227**

1. Entity Name

**JERICOH SCHOOL FOR CHILDREN WITH AUTISM, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 19798  
 JACKSONVILLE FL 32245-9798

P.O. BOX 19798  
 JACKSONVILLE FL 32245-9798

2. Principal Place of Business

3. Mailing Address

**1300 Underhill Drive**

**P.O. Box 11057**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Jacksonville FL**

City & State

**Jacksonville, FL**

4. FEI Number

**59-3325760**

Applied For

Not Applicable

Zip

**32211**

Country

**Duval**

Zip

**32239-1057**

Country

**Duval**

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

**DELEGAL, T. A. III**  
**424 EAST MONROE ST**  
**JACKSONVILLE FL 32202**

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
 NAME **DC**  
 STREET ADDRESS **SHEDDAN, LEONA**  
 CITY-ST-ZIP **2010 SHADOW LN**  
**NEPTUNE BCH FL 32266**

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

TITLE ☒ Delete  
 NAME **DVC**  
 STREET ADDRESS **MEUX-CLAY**  
 CITY-ST-ZIP **12008 MANDARIN RD**  
**JACKSONVILLE FL 32223**

TITLE ☐ Change ☒ Addition  
 NAME **DVC**  
 STREET ADDRESS **Tad A. Delegal**  
 CITY-ST-ZIP **424 E. Monroe St**  
**Jacksonville, FL**

TITLE ☒ Delete  
 NAME **TD**  
 STREET ADDRESS **SLOOP, VIRGINIA**  
 CITY-ST-ZIP **2015 WOODMERE CIR**  
**JACKSONVILLE FL 32210**

TITLE ☐ Change ☒ Addition  
 NAME **D.T.**  
 STREET ADDRESS **Leigh H. Smith**  
 CITY-ST-ZIP **1460 Edgewood Cir**  
**Jacksonville, FL 32205**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME **DS**  
 STREET ADDRESS **H. Michelle Dunham**  
 CITY-ST-ZIP **8132 Mar Del Plata St. E.**  
**Jacksonville, FL 32254**

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  
 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 Required*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)