2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2002 8:00 AM
Secretary of State

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Entity Name: JACKSONVILLE WALDORF INITIATIVE, INC.

Current Principal Place of Business:

PO BOX 31117
ATLANTIC BEACH, FL 322331117

New Principal Place of Business:

Current Mailing Address:

PO BOX 31117
ATLANTIC BEACH, FL 322331117

New Mailing Address:

FEI Number: 65-0653943 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WATSON, TODD
7785 BAYMEADOWS WAY
SUITE 107
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: CD ( ) Delete
Name: HASSLER, JULIA
Address: 1140 6TH AVENUE NORTH
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: TD ( ) Delete
Name: PUOPLO, JOE
Address: 1580 BEACH AVENUE
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: D ( ) Delete
Name: ELLIOT, SHARON
Address: 448 MYRA ST
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: SD ( ) Delete
Name: VIGILETTI, KAY
Address: 201 MARSHSIDE DR
City-St-Zip: ST. AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH M. PUOPOLO TD 01/20/2002

Electronic Signature of Signing Officer or Director — Date