

# 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      Mailing Address  
**8400 BAYCENTER RD**      **8400 BAYCENTER RD**  
**JACKSONVILLE FL 32256**      **JACKSONVILLE FLA 32256-7418**  
**US**      **US**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number      **59-1104787**      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

**DRENNON, KATHERYNE C**  
**8400 BAYCENTER RD**  
**JACKSONVILLE FL 32256**

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, 2000 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>DRENNON, KATHERYNE C.</b>	
STREET ADDRESS	<b>8256 HOLLYRIDGE ROAD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32256</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>HARRIS, LYNNE B</b>	
STREET ADDRESS	<b>9581 SUGAR HOLLOW LANE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32256</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DRANNON, WILLIAM</b>	
STREET ADDRESS	<b>8256 HOLLYRIDGE RD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32256</b>	
TITLE	<b>✓</b>	<input type="checkbox"/> Delete
NAME	<b>Hilde Vandevulde</b>	
STREET ADDRESS	<b>11430 Beecher Circle East</b>	
CITY-ST-ZIP	<b>Jacksonville, FL 32223</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>6812 Linford Lane</b>	
STREET ADDRESS	<b>Jacksonville, FL 32217</b>	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>7619 Hollyridge Circle</b>	
STREET ADDRESS	<b>Jacksonville, FL 32256</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Lynne B. Harris**      **2000 (904) 739-1279**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #