

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90094 036 ***150.00

DOCUMENT # 642492

1. Entity Name
NORTHSIDE CENTER FOR CREATIVE LEARNING, INC.

Principal Place of Business 3534 WINTON DRIVE JACKSONVILLE FL 32208 US	Mailing Address 6556 KINLOCKE DRIVE WEST JACKSONVILLE FL 32219 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1957249	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

**DOBSON, PATRICIA LYNNE
 3534 WINTON DRIVE
 JACKSONVILLE FL**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DPJ	<input type="checkbox"/> Delete
NAME	DOBSON, PATRICIA LYNNE	
STREET ADDRESS	6556 KINLOCKE DR W.	
CITY-ST-ZIP	JACKSONVILLE, FL 0	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLT, MAE T	
STREET ADDRESS	6925 CARTIER CIR	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	DS	<input type="checkbox"/> Delete
NAME	DOBSON, ERICA D.	
STREET ADDRESS	6556 KINLOCKE DRIVE WEST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	DOBSON, ERIN C.	
STREET ADDRESS	6556 KINLOCKE DRIVE WEST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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: *Patricia L. Dobson* (PATRICIA L. DOBSON) JAN 24, 2001 904-764-2494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)