

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 09, 2000 08:00 AM
Secretary of State

DOCUMENT # 701407

1. Entity Name

SAN JOSE EPISCOPAL DAY SCHOOL FOUNDATION, INC.

Principal Place of Business

7423 SAN JOSE BLVD

JACKSONVILLE
32217

FL

Mailing Address

7423 SAN JOSE BLVD

JACKSONVILLE
32217

FL

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

23-7230023

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NIMNIGHT LEE
7423 SAN JOSE BLVD.

JACKSONVILLE
32217

FL

US

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

06/09/2000

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
O
KEISTER J
2900 HARTLEY RD
JAX FL 32257 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WRENN SYLVIA
1037 SORRENTO RD.
JACKSONVILLE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
NIMNIGHT LEE
1141 PEACHTREE ST.
JACKSONVILLE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FOSTER, RON
11960 LITTLE CREEK LANE
JACKSONVILLE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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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.