

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 08:00 AM
Secretary of State

DOCUMENT # 710557

1. Entity Name
 EPISCOPAL HIGH SCHOOL OF JACKSONVILLE, FLORIDA, INC.

Principal Place of Business 4455 ATLANTIC BLVD. JACKSONVILLE FL 32207	Mailing Address 4455 ATLANTIC BLVD. JACKSONVILLE FL 32207
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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4. FEI Number
59-1147278

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

BUSEY, STEPHEN D.
 SMITH, HULSEY & BUSEY
 1800 FIRST UNION BANK TOWER
 JACKSONVILLE FL 32201 US

7. Name and Address of New Registered Agent

Name
 BUSEY STEPHEN D

Street Address (P.O. Box Number is Not Acceptable)
 SMITH, HULSEY & BUSEY

1800 FIRST UNION BANK TOWER

City JACKSONVILLE FL Zip Code 32201

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 **STEPHEN D. BUSEY**

03/12/2001

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUSEY, STEPHEN D 3847 ORTEGA BLVD JACKSONVILLE, FL 32210 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WINGARD, GAILE E. 4531 ORTEGA BLVD. JACKSONVILLE FL 32210 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD WELTSEK, GUSTAVE J. JR. 7504 HOLIDAY RD S. JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MITCHELL JOHN A111 1897 BCH AVE ATLANTIC BCH FL 32233 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BOND WILLIAM B 8106 SUMMIT RIDGE LN JAX FL 32256 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUSEY STEPHEN DMR. 3847 ORTEGA BLVD. JACKSONVILLE FL 32210 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAGEVNEY HUGH MMR. 4705 ALGONQUIN AVENUE JACKSONVILLE FL 32210 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRYAN PEGGY PMRS. 5249 YACHT CLUB ROAD JACKSONVILLE FL 32210 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD MCCARTY BARNUM REV 5431-5 SUSSEX AVENUE JACKSONVILLE FL 32210 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MITCHELL JOHN A III MR. 1897 BEACH AVENUE ATLANTIC BCH FL 32233 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOND WILLIAM BMR. 8106 SUMMIT RIDGE LN JACKSONVILLE FL 32256 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **JOHN A MITCHELL III** CD 03/12/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day-time Phone #

CR2E037 (11/00)