

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 12, 2001 08:00 AM
Secretary of State

DOCUMENT # 711993

1. Entity Name
 EPISCOPAL HIGH SCHOOL OF JACKSONVILLE FOUNDATION, 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
23-7003394

Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ABNEY MICHAEL D
 ACCUSTAFF, INC.
 ONE INDEPENDENT DR
 JACKSONVILLE FL 32202 US

7. Name and Address of New Registered Agent

Name
 NASH E. WILLIAM MR.
 Street Address (P.O. Box Number is Not Acceptable)
 505 LANCASTER ST.
 APARTMENT 7 A/B
 City JACKSONVILLE FL Zip Code 32204

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 E. WILLIAM NASH, JR. DATE 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	T WINSTON JAMES H PO BOX 2820 NA JACKSONVILLE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STEIN ROBERT L 3903 ORTEGA BLVD JACKSONVILLE FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC NASH WILLIAM E JR 505 LANCASTER STREET #7 A/B JACKSONVILLE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABNEY MICHAEL D 4830 MAID MARIAN LANE JACKSONVILLE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONAHOO THOMAS M 4364 MCGIRTS BLVD JACKSONVILLE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BRYAN JACOB F IV 5249 YACHT CLUB ROAD JACKSONVILLE FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WINSTON JAMES HMR. PO BOX 2820 NA JACKSONVILLE FL 32204 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STEIN ROBERT LMR. 3903 ORTEGA BLVD JACKSONVILLE FL 32210 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C NASH E. WILLIAM, JR MR. 505 LANCASTER STREET JACKSONVILLE FL 32204 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABNEY MICHAEL DMR. 4830 MAID MARIAN LANE JACKSONVILLE FL 32210 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONAHOO THOMAS MMR. 4364 MCGIRTS BLVD JACKSONVILLE FL 32210 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYAN JACOB F IV MR. 5249 YACHT CLUB ROAD JACKSONVILLE FL 32210 <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: E. WILLIAM NASH, JR. C DATE 03/12/2001

CR2E037 (11/00)

**WALTER A. MCRAE, JR., DIRECTOR
1560 LANCASTER TERRACE**

JACKSONVILLE FL 32204