

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730942

1. Entity Name

GREENWOOD SCHOOL, INC.

Principal Place of Business

3405 G ATLANTIC BLVD
JACKSONVILLE FL 32207-3309

Mailing Address

3405 G ATLANTIC BLVD
JACKSONVILLE FL 32207-8905

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

59-1579415

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

LEGLER, MITCHELL W
ONE INDEPENDENT DR SUITE 3104
JAX FL 32202

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRONQUIST, KARL 916 OLD GROVE MANOR JACKSONVILLE FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSCOE, JUDITH M. 2137 HENDRICKS AVENUE JACKSONVILLE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PARRISH, JENNY 2137 HENDRICKS AVE JACKSONVILLE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BLACKBURN, PEGGY 10712 SPURS COURT JACKSONVILLE FL 32257	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEGLER, MITCHELL 200 LAURA ST. JACKSONVILLE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAVORITE, FRED 8024 PEBBLE CREEK LANE PONTE VEDRA BEACH FL	☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Bob Gillander 121 West Forsyth St. Suite 200 Jacksonville Florida 32202	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Thomas E. Quinlan P.H.D. 4600 Beach Blvd. Jacksonville FL 32207	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Tracey Westbrook 9009 Regency Square Blvd. Jacksonville Florida 32211	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90094 032 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)