FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 04, 2001 8:00 am Secretary of State **DOCUMENT # 730942** 1. Entity Name GREENWOOD SCHOOL, INC. 04-04-2001 90014 030 ****61.25 Principal Place of Business Mailing Address 3405 G ATLANTIC BLVD 3405 G ATLANTIC BLVD JACKSONVILLE FL 32207-3309 JACKSONVILLE FL 32207-3309 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI:Number Applied For 59-1579415 Not Applicable Zip Country Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LEGLER, MITCHELL W ONE INDEPENDENT DR SUITE 3104 JAX FL 32202 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution, FEE IS \$61.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Change **Addition** TITLE X Delete TITLE Bob Gillander 121 West Forsythstreet KRONGUIST, KARL NAME NAME 916 OLD GROVE MANOR STREET ADDRESS STREET ADDRESS TACKSONVIlle Florida 32202 CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition ROSCOE, JUDITH M. NAME NAME 2137 HENDRICKS AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition PARRISH, JENNY NAME NAME 2137 HENDRICKS AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-7IP TITLE Delete TITLE Change **Addition** Thomas E. Quintan P.H.D. BLACKBURN, PEGGY NAME NAME 4600 BEACH BIVE. STREET ADDRESS 10712 SPURS COURT STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32257 CITY-ST-ZIP Jacksonville Flourda 3220 TITLE TITLE ☐ Delete Change ☐ Addition LEGLER, MITCHELL NAME 200 LAURA ST. STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP JACKSONVILLE FL TITLE V. U. Y. LO TITLE tracey westhrooks FAVORITE, FRED NAME 8024 PEBBLE CREEK LANE STREET ADDRESS STREET ADDRESS CITY-ST-7IP PONTE VEDRA BEACH FL JACKSOD VILLE Florida

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

April 2, 200

904396-655 Daytime Phone #