# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 01, 2002 8:00 am**
**Secretary of State**
05-01-2002 91589 026 ****61.25

DOCUMENT # 730942

1. Entity Name

GREENWOOD SCHOOL, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 3405 G ATLANTIC BLVD<br>JACKSONVILLE FL 32207-3309 | 3405 G ATLANTIC BLVD<br>JACKSONVILLE FL 32207-3309 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 9920 Regency Square Blvd | 9920 Regency Square Blvd |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Jacksonville Florida | City & State: Jacksonville Florida |
| Zip: 32225 Country: USA | Zip: 32225 Country: USA |

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<br>300 WHARFSIDE WAY SUITE A<br>JACKSONVILLE FL 32207 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 | C<br>GILLANDER, BOB<br>121 WEST FORSYTH STREET<br>JACKSONVILLE FL 32202 | ☐ Delete | C<br>Gillander, Bob<br>One San Jose Place Suite 9<br>Jacksonville, Florida 32257 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ROSCOE, JUDITH M.<br>2137 HENDRICKS AVENUE<br>JACKSONVILLE FL | ☐ Delete | D<br>Roscoe, Judith M<br>9920 Regency Square Blvd<br>Jacksonville, Florida 32225 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>PARRISH, JENNY<br>2137 HENDRICKS AVE<br>JACKSONVILLE FL | ☐ Delete | S<br>Parrish, Jenny<br>9920 Regency Square Blvd<br>Jacksonville Florida 32225 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>QUINLAN PH.D., THOMAS E<br>4600 BEACH BLVD.<br>JACKSONVILLE FL 32207 | ☐ Delete | D<br>Quinlan PH.D., Thomas<br>9700 Phillips Highway<br>Jacksonville, Florida 32256 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>LEGLER, MITCHELL<br>200 LAURA ST.<br>JACKSONVILLE FL | ☐ Delete | D<br>Legler Mitchell<br>300 Wharfside Way Suite A<br>Jacksonville Florida 32207 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>WESTBROOK, TRACEY<br>9004 REGENCY SQUARE BLVD<br>JACKSONVILLE FL 32211 | ☐ Delete | | ☐ Change ☐ Addition |

CR2E037 (9/01)

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:** Jenny Parrish Jenny Parrish April 16, 2002 (904) 726-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #