

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 752086

1. Entity Name

DUVAL SCHOOL ADMINISTRATION BUILDING, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90036 029 ****61.25

Principal Place of Business

Mailing Address

1901 SERVICE ST
JACKSONVILLE FL 32207

1901 SERVICE ST
JACKSONVILLE FL 32207-3464

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

59-1987286

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

HARRELL, WILLIAM H
1901 SERVICE STREET
JACKSONVILLE FL 32207

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 DP ☐ Delete
NAME HARRELL, WILLIAM H
STREET ADDRESS 948 HOLLY LANE
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VSD ☐ Delete
NAME MATHIAS, DOROTHY DANESE
STREET ADDRESS 341 BAISDEN RD.
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VTD ☐ Delete
NAME DI GIANDOMENICO JOANN
STREET ADDRESS 2796 JEWEL ROAD
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☒ Change ☐ Addition
NAME Di Giandomenico Joann
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME NOONEY, JACK
STREET ADDRESS 1035 ELDER LANE
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☒ Change ☐ Addition
NAME Secretary, Treasurer, Director
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SIMMONS, CHARLES E JR
STREET ADDRESS 1980 EDGEWOOD AVE W
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☒ Change ☐ Addition
NAME Vice President, Director
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

William H Harrell

1/28/00

904-398-7177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)