

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 755390

1. Entity Name

THE DEPAUL SCHOOL OF NORTHEAST FLORIDA, INC.

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90127 016 ****61.25

Principal Place of Business

6620 ARLINGTON EXPRESSWAY
JACKSONVILLE FL 32211
US

Mailing Address

6620 ARLINGTON EXPRESSWAY
JACKSONVILLE FL 32211-7233
US

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

59-2112091

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

FLORENCE, GAYLE
THE DEPAUL SCHOOL
6620 ARLINGTON EXPRESSWAY
JACKSONVILLE FL 32211

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	P	<input type="checkbox"/> Delete
NAME	DOLAN, RHONDA	
STREET ADDRESS	14053 BROKEN BOW DRIVE SOUTH	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MC NAMARA, MIKE	
STREET ADDRESS	2276 FALLEN TREE DR., E	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	CRATEM, GEORGE III	
STREET ADDRESS	5442 WOODWIND TERR	
CITY-ST-ZIP	JACKSONVILLE FL 32277	
TITLE	T	<input type="checkbox"/> Delete
NAME	PROBST, DIANE	
STREET ADDRESS	14333 FALCONHEAD DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	D	<input type="checkbox"/> Delete
NAME	STROUT, LINDA	
STREET ADDRESS	221 MAGNOLIA ST	
CITY-ST-ZIP	ATLANTIC BCH FL 32233	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENOIT, ROBERT	
STREET ADDRESS	1460 RIVER HILLS CIR E	
CITY-ST-ZIP	JACKSONVILLE FL 32211	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jack Hardman	
STREET ADDRESS	189 Summertield Dr.	
CITY-ST-ZIP	Ponte Vedra Bch., FL 32082	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Susan Kern	
STREET ADDRESS	121 Newport Lane	
CITY-ST-ZIP	Ponte Vedra Bch., FL. 32082	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Don Cameron	
STREET ADDRESS	50 N. Laura St. Suite 3000	
CITY-ST-ZIP	Jacksonville, FL. 32202	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Irene Kelly	
STREET ADDRESS	140 Waters Edge Dr. N.	
CITY-ST-ZIP	Ponte Vedra Bch., FL 32082	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ida Finnerty	
STREET ADDRESS	1499 Mallard Lake Ave.	
CITY-ST-ZIP	Jacksonville, FL. 32259	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 *Gayle Florence* REQUIRED Gayle Florence

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/00 904-724-0102

CR2E037 (9/99)