

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 755390

1. Entity Name

THE DEPAUL SCHOOL OF NORTHEAST FLORIDA, INC.

Principal Place of Business

6620 ARLINGTON EXPRESSWAY  
JACKSONVILLE FL 32211  
US

Mailing Address

6620 ARLINGTON EXPRESSWAY  
JACKSONVILLE FL 32211  
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 Gayle Florence Cane

Street Address (P.O. Box Number is Not Acceptable)

Same

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Gayle Florence Cane  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/01

904-724-0102

FILED  
Jan 22, 2001 8:00 am  
Secretary of State

01-22-2001 90019 001 \*\*\*\*61.25

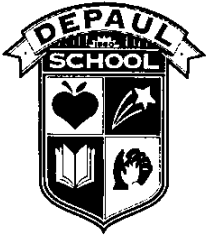
A0008525



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

0011864



Gayle Florence, M.A.  
President

Madelyn Speagle, M.Ed.  
Principal

Attachment  
D# 755390  
A0008525

January 8, 2001

**The DePaul School of Northeast FL, Inc. Officers and Directors (Additions)**

**10.**

**D**

**Cameron, Don  
50 N. Laura Street  
Suite 3000  
Jacksonville, FL. 32202**

**D**

**Hardman, Jack  
189 Summerfield Drive  
Ponte Vedra Bch, FL. 32082**

**D**

**Hazlett, Lisa  
5375 Oak Bay Drive  
Jacksonville, FL. 32277**

**D**

**Jenks, Thomas  
200 W. Forsyth St.  
Suite 1400  
Jacksonville, FL. 32202**

**VP**

**Odom, Fred  
137 Pinehurst Pointe Drive  
St. Augustine, FL. 32092**

**S**

**Yack, Patrick  
One Riverside Avenue  
P.O. Box 1949  
Jacksonville, FL. 32231**

904.724.0102 FAX 904.726.9630

Main campus • 6620 Arlington Expressway • Jacksonville, FL 32211  
Beaches campus • 407 3rd Street • Neptune Beach, FL 32266 • 904-241-7007