## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # 755390

1. Entity Name

THE DEPAUL SCHOOL OF NORTHEAST FLORIDA, INC.



FILED Jan 21, 2003 8:00 am Secretary of State

01-21-2003 90500 043 \*\*\*\*61.25

|                                                                                         | AGE CONCOL OF NORTHLAC                                               | · TEOTIIDA, INO.                                                   |                                                    | WE TEST      |                                       |                               |                          |                                             |  |
|-----------------------------------------------------------------------------------------|----------------------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------|--------------|---------------------------------------|-------------------------------|--------------------------|---------------------------------------------|--|
| Principal Place of Business<br>6620 ARLINGTON EXPRESSWAY<br>JACKSONVILLE FL 32211<br>US |                                                                      | Mailing Address 6620 ARLINGTON EXPRESSWAY JACKSONVILLE FL 32211 US |                                                    |              | ,                                     | 5 7 <b>4</b>                  |                          |                                             |  |
| 2. Principal F                                                                          | Place of Business                                                    | 3. Mailing Address                                                 |                                                    |              |                                       |                               |                          |                                             |  |
| Suite, Apt. #, etc.                                                                     |                                                                      | Suite, Apt. #, etc.                                                |                                                    |              | ☐ CHECK HERE IF MAKING CHANGES        |                               |                          |                                             |  |
| City & State                                                                            |                                                                      | City & State                                                       |                                                    |              | 39-2112091                            |                               | Applied For              |                                             |  |
| Zip Country                                                                             |                                                                      | Zip Country                                                        |                                                    |              | 5 Certificate of Status Desired       |                               | 3 \$8.75 A               | Not Applicable  8.75 Additional be Required |  |
|                                                                                         | 6. Name and Address of Current I                                     | <br>Registered Agent                                               |                                                    |              | 7. Name and Add                       | ress of New Registe           |                          | -                                           |  |
|                                                                                         |                                                                      |                                                                    | - Name                                             |              | and the same and Add                  |                               | TAKASATA ATT             | ~ -                                         |  |
| CANE, GAYLE F<br>THE DEPAUL SCHOOL                                                      |                                                                      |                                                                    | Street Address (P.O. Box Number is Not Acceptable) |              |                                       |                               |                          |                                             |  |
| 6620 ARLINGTON EXPRESSWAY                                                               |                                                                      |                                                                    |                                                    |              |                                       |                               |                          |                                             |  |
| JACKSONVILLE FL 32211                                                                   |                                                                      |                                                                    | City                                               |              |                                       |                               | FL Zip Co                | de                                          |  |
|                                                                                         | e named entity/submits this statement for tions of registered agent. | the purpose of changing its reg                                    | gistered office                                    | or registere | ed agent, or both, in                 | the State of Florida.         | I am familiar with       | , and accept                                |  |
| ule obligat                                                                             | Consumer agent.                                                      |                                                                    |                                                    | Λ.           | 1                                     |                               | . /                      |                                             |  |
| SIGNATURE .                                                                             | Signature, typed or printed fame of registered agent a               | nd title if applicable. (NOTE: Re                                  | egistered Agent sign                               |              | <u>e F. Cane</u><br>when reinstating) |                               | 1/10/0<br>DATE           | 3_                                          |  |
|                                                                                         |                                                                      |                                                                    |                                                    |              |                                       |                               |                          |                                             |  |
| i                                                                                       | FILE NOW: FEE IS \$61.25                                             | 9. Election Campa<br>Trust Fund Con                                |                                                    |              | \$5.00 May Be<br>Added to Fees        |                               | heck Payable partment of |                                             |  |
| 10.                                                                                     | OFFICERS AND DIR                                                     | FCTORS I                                                           | 11.                                                | Δ            | ADDITIONS/CHANG                       | <u> </u><br>ES TO OFFICERS AN | ID DIRECTORS I           | N 10                                        |  |
| IITLE '                                                                                 | P                                                                    | ☐ Delete                                                           | TITLE                                              | _            | easurer                               | 2010 01110211011              | Change                   | Addition                                    |  |
| NAME                                                                                    | DOLAN, RHONDA                                                        |                                                                    | NAME                                               |              | anda Dol                              | an                            |                          |                                             |  |
| STREET ADDRESS                                                                          | 14053 BROKEN BOW DRIVE SOU                                           | ΠΗ <sub>Olea</sub>                                                 | STREET ADDRESS                                     | 1            | -                                     |                               |                          |                                             |  |
| CITY-ST-ZIP                                                                             | JACKSONVILLE FL 32225                                                | <sup>™</sup> Change →                                              | CITY-ST-ZIP                                        |              |                                       | in add                        | ress                     | - 12                                        |  |
| TTLE                                                                                    | D CAMEDON DON                                                        | ☐ Delete                                                           | TITLE                                              | Dire         | rence D                               | n <del>+</del> 2              | Change                   | Addition                                    |  |
| NAME<br>STREET ADDRESS                                                                  | CAMERON, DON<br>50 N. LAURA STREET                                   |                                                                    | NAME<br>STREET ADDRESS                             | aw           | 13 Trent                              | المامير                       |                          |                                             |  |
| CITY-ST-ZIP                                                                             | JACKSONVILLE FL 32202                                                | Nochange                                                           | CITY-ST-ZIP                                        | 1 70         | ~ Kron wil                            | اع کا ا                       | 322                      | <7                                          |  |
| ITLE                                                                                    | S                                                                    | □ Delete                                                           | TITLE                                              | 30           | rector<br>usan K                      |                               |                          | Addition                                    |  |
| IAME .                                                                                  | YACK, PATRICK                                                        | 1000 and 5 greens 1                                                | 'NAME -                                            |              | ilecia: K                             | ern                           | م سية كي                 | ~~                                          |  |
| STREET ADDRESS                                                                          | ONE RIVERSIDE AVE P.O. BOX                                           | 4                                                                  | STREET ADDRESS                                     | 1-72         | しくかご しんはかし                            | MONT CIR                      | cle _                    |                                             |  |
| ITY-ST-ZIP                                                                              | JACKSONVILLE FL 32231                                                | Nochange                                                           | CITY-ST-ZIP                                        | <u> </u>     | Donte Ve                              | dra Bch.                      | FL 32                    | 1082                                        |  |
| ITLE                                                                                    | AT DECREE DIAME                                                      | Delete                                                             | TITLE                                              | Di           | rector                                |                               | ☐ Change                 | Addition                                    |  |
| iame<br>Treet address                                                                   | PROBST, DIANE<br>14333 FALCONHEAD DRIVE                              | _                                                                  | NAME<br>STREET ADDRESS                             | Kat          | thrun Um                              | berger                        |                          | ĺ                                           |  |
| SITY-ST-ZIP                                                                             | JACKSONVILLE FL 32224                                                |                                                                    | CITY-ST-ZIP                                        | 185          | 54 River<br>Jackson                   | Road E                        | 32207                    |                                             |  |
| ITLE                                                                                    | D                                                                    | ☐ Delete                                                           | TITLE                                              |              | <u>sackson</u><br>Sident              | VILIC I L                     | 3220"  <br>Change        | Addition                                    |  |
| AME                                                                                     | JENKS, THOMAS                                                        | D boloto                                                           | NAME                                               | 1            |                                       | · -                           | A smallys                | 7,30,1011                                   |  |
| TREET ADDRESS                                                                           | 200 W FORSYTH ST #1400                                               | Change ->                                                          | STREET ADDRESS                                     | 'mor         | nas Jenk                              |                               |                          |                                             |  |
| ITY-ST-ZIP                                                                              | JACKSONVILLE FL 32202                                                | 51.50 F                                                            | CITY-ST-ZIP                                        |              | change 1                              |                               | 22.                      |                                             |  |
| ITLE                                                                                    | D                                                                    | ☐ Delete                                                           | TITLE                                              |              | e Preside                             |                               | Change                   | Addition                                    |  |
| IAME                                                                                    | BENOIT, ROBERT                                                       |                                                                    | NAME                                               |              | n Amar                                |                               |                          |                                             |  |
| TREET ADDRESS<br>:ITY-ST-ZIP                                                            | 1460 RIVER HILLS CIR E                                               | change                                                             | STREET ADDRESS<br>CITY-ST-ZIP                      | 1            | 75 Ferr                               |                               | 7777                     |                                             |  |
| 111-01-71                                                                               | JACKSONVILLE FL 32211 $\sim$ $\sim$ $\sim$                           | UTIMITY                                                            | OH 1-51-ZIP                                        | 1 2a         | LKSONVI'                              | 116 FL 3                      | 221                      | 1                                           |  |

12. I hereby certify that the information supplied with this filling 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.

IGNATURE: (3) GO MILLE (1002) Gayle F. Cane 1/10/03 904-724-0102