

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90110 027 ****61.25

DOCUMENT # 768648

1. Entity Name

RIVER OAK COUNTRY DAY SCHOOL, INC.



Principal Place of Business

% JOY JEFFREYS CLARKE
7047 SENECA AVENUE
JACKSONVILLE FL 32210

Mailing Address

% JOY JEFFREYS CLARKE
7047 SENECA AVENUE
JACKSONVILLE FL 32210

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 **59-2318422**

☒ 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

Name

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

City

FL

Zip Code

CLARKE, JOY JEFFREYS
7047 SENECA AVENUE
JACKSONVILLE FL 32210

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

After September 12, 2001, min. will be \$236.25

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 **VD** ☐ Delete
NAME **GRAVES, MARY PADGETT**
STREET ADDRESS **5726 CEDAR PARK LANE**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **TD** ☐ Delete
NAME **CLARKE, JOY JEFFREYS**
STREET ADDRESS **7047 SENECA AVENUE**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **SD** ☐ Delete
NAME **WILDMAN, KAYE PATTERSON**
STREET ADDRESS **1396 HAMILTON STREET**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **PD** ☐ Delete
NAME **CLARKE, RUSSELL S.**
STREET ADDRESS **7047 SENECA AVENUE**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☐ Addition
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:

Signature of Joy J. Clarke

7-5-01 904 786-6130

CR2E037 (5/01)