

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G59969

1. Entity Name

THE HOLLAND NORTHLAKE DAY SCHOOL, INC.

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90025 004 \*\*\*150.00

Principal Place of Business

Mailing Address

8788 N MILITARY TRL  
PALM BCH. GARDENS FL 33410  
US

% MRS DOLORES COGBURN  
8788 N.MILITARY TR.  
PALM BCH. GARDENS FL 33410-6240

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 59-2401557

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

DOANE, ROBECCA G  
505 S FLAGLER DR  
W PALM BEACH FL 3341

Name

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

FLAGLER CENTER TOWER STE 100

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	COGBURN, JOHN B.	5280 N OCEAN DR APT 12-C	WEST PALM BEACH FL 33404	<input type="checkbox"/>
VD	HOLLAND, DIANN C.	8788 N MILITARY TR	PALM BEACH GARDENS FL 33410	<input type="checkbox"/>
STD	COGBURN, DOLORES M.	5280 N OCEAN DR APT 12-C	SINGER ISLAND FL 33404	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*John B. Cogburn* JOHN B. COGBURN  
PRESIDENT

3-1-00

Date

561-842-0698

Daytime Phone #

CR2E034 (9/99)