

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90375 011 ***150.00

DOCUMENT # G 59969

1. Entity Name

THE HOLLAND NORTHLAKE DAY SCHOOL INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8788 N MILITARY TR.

Suite, Apt. #, etc.

3. Mailing Address

PO DIANN C. HOLLAND

Suite, Apt. #, etc.

8788 N. MILITARY TR

DO NOT WRITE IN THIS SPACE

City & State

PALM BEACH GARDENS FLA

City & State

PALM BEACH GARDENS FL

4. FEI Number

59-2401557

Applied For

Not Applicable

Zip

33410

Country

USA

Zip

33410

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

DOANE, REBECCA G.

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

505 SOUTH FLAGLER DR

FLAGLER CENTER TOWER STE 100

City

WEST PALM BEACH

FL

Zip Code

33401

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE PD
NAME HOLLAND, DIANN C
STREET ADDRESS 8788 N. MILITARY TRAIL
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE VD
NAME COGBURN, JOHN B
STREET ADDRESS 5280 N OCEAN DR APT 12C
CITY-ST-ZIP SINGER ISLAND FL 33404

TITLE STD
NAME COGBURN, DOLORES M
STREET ADDRESS 5280 N OCEAN DR APT 12C
CITY-ST-ZIP SINGER ISLAND FL 33404

TITLE
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

J B COGBURN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN B COGBURN VICE PRESIDENT

4/13/02
Date

561-842-0698
Daytime Phone #

CR2E034B (12/01)