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FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90004 005 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H21999

1. Corporation Name
THE HOLLAND SCHOOLS INC
C/O MRS DOLORES M. COGBURN
8788 N. MILITARY TR
PALM BEACH GARDENS FL 33410

Principal Place of Business
SAME



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/20/1984

4. FEI Number

N/A

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

CIRLIN, ALAN J
NORTHRISE CENTER 1900
NORTH FLAGLER DR
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name **DOANE, REBECCA G.**
82 Street Address (P.O. Box Number is Not Acceptable)
505 SOUTH FLAGLER DR
83 **FLAGLER CENTER TOWER SUITE 1100**
84 City **WEST PALM BEACH,** 85 Zip Code **FL 33401**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

4/19/99

12. OFFICERS AND DIRECTORS

TITLE **P/D** ☐ DELETE
NAME **HOLLAND, DIANNC**
STREET ADDRESS
CITY-ST-ZIP

TITLE **V/D** ☐ DELETE
NAME **COGBURN, JOHN B**
STREET ADDRESS **5280 N OCEAN DR APT. 12C**
CITY-ST-ZIP **SINGER ISLAND FL 33404**

TITLE **S/D** ☐ DELETE
NAME **COGBURN, DOLORES M**
STREET ADDRESS **5280 N OCEAN DR APT. 12C**
CITY-ST-ZIP **SINGER ISLAND FL 33404**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] **JOHN B COGBURN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V/D

4/18/99

Date

561-842-0698

Daytime Phone #

CR2E034 (11/98)