2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jul 02, 2001 8:00 am Secretary of State DOCUMENT # #21999 1. Entity Name THE HOLLAND SCHOOLS INC 07-02-2001 90002 013 ***550.00 Principal Place of Business Mailing Address 8788 N. MILITARY TRIL SAME PALM BEACH GARDENS FL C0072282 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For ACTIVITY HOLDING COMPANY - NO COMMERCIA Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent REBECCA G. DOANE JONES, FOSTER, JOHNSON Y STUBBS P.A. Street Address (P.O. Box Number is Not Acceptable) 505 SOUTH FLAGLER DR SUITE 1100 WEST PALM BEACH FO. City Zip Code 8. Tha 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete ☐ Change ☐ Addition DIANU C. HOLLAND NAME NAMÉ STREET ADDRESS 8788 N. MILITARY TRAIL STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL 33410 CITY-ST-ZIP ☐ Delete ☐ Change TITLE ■ Addition JOHN B COGBURN NAME NAME ... 5280 NOCEAN DL APTIZE STREET ADDRESS STREET ADDRESS SINGER ISLAND R 33404 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME DOLORES M COGEURN NAME STREET ADDRESS STREET ADDRESS 5280 NOCEAN DR ANTIZC CITY-ST-ZIP CITY-ST-ZIP SINGER ISLAND FL 33404 ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

STREET ADDRESS

CITY-ST-ZIP

TITLE

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

☐ Delete

561-842-0698

☐ Change

☐ Addition