

2004² UNIFORM BUSINESS REPORT (UBR)

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

04-24-2002 90260 016 ***150.00

DOCUMENT # H21999

1. Entity Name
THE HOLLAND SCHOOLS, INC.

Principal Place of Business
8788 N MILITARY TR
PALM BCH GARDENS FL 33410
US

Mailing Address
~~G/O MRS DOLORES COGBURN~~
~~8788 N MILITARY TR~~ **(SAME)**
~~PALM BCH GARDENS FL 33410~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8788 N MILITARY TR
 Suite, Apt. #, etc.

3. Mailing Address
SAME
 Suite, Apt. #, etc.

City & State
PALM BCH GARDENS FL

City & State

4. FEI Number **NOT APPLICABLE**

Applied For
 Not Applicable

Zip
33410

Country
USA

Zip
33410

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

REBECCA, DOANE G
505 SOUTH FLAGLER DR
FLAGLER CENTER TOWER STE 100
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name **(SAME)**
 Street Address (P.O. Box Number is Not Acceptable)
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00 - 150.00
~~After September 12, 2001 Fee will be \$750.00~~
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

TITLE	PD	<input type="checkbox"/> Delete
NAME	HOLLAND, DIANN C.	
STREET ADDRESS	8788 N MILITARY TR	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	COGBURN, JOHN B.	
STREET ADDRESS	3000 N OCEAN DR., 22E	
CITY-ST-ZIP	SINGER ISLAND FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	COGBURN, DOLORES M.	
STREET ADDRESS	3000 N OCEAN DR., 22E	
CITY-ST-ZIP	SINGER ISLAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COGBURN, JOHN B.	
STREET ADDRESS	5280 N OCEAN DR APT 12C	
CITY-ST-ZIP	SINGER ISLAND FL 33404	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COGBURN, DOLORES M.	
STREET ADDRESS	5280 N OCEAN DR APT 12C	
CITY-ST-ZIP	SINGER ISLAND FL 33404	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICE

Date

Daytime Phone #

CR2E034 (5/01)