

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H87264

1. Entity Name

ARLINGTON HILLS DAY SCHOOL, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90257 012 ***158.75

Principal Place of Business
to Robert L. Johnson
~~C/O JUDITH D. LONG~~
2209 UNIVERSITY BLVD. N
JACKSONVILLE FL 32211
US

Mailing Address
2209 UNIVERSITY BLVD N
JACKSONVILLE FL 32211-3223
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2614235**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WOLF, WAYNE A.
3733 UNIVERSITY BOULEVARD
STE 106
JACKSONVILLE FL 32217

Name **Robert L. Johnson**

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

2209 University Blvd. N.

City **Jacksonville**

FL

Zip Code **32211**

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

Robert L. Johnson, President

4/11/2000

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 **DPT** ☒ Delete
NAME **LONG, JUDITH D.**
STREET ADDRESS **4085 COVE ST JOHNS**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **President** ☐ Change ☒ Addition
NAME **Johnson Robert L**
STREET ADDRESS **305 Pittman St.**
CITY-ST-ZIP **Blackstone, GA 31516**

TITLE **S** ☒ Delete
NAME **LONG, PARRIS C.**
STREET ADDRESS **4085 COVE ST JOHNS**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **VP/Sec** ☐ Change ☒ Addition
NAME **Singleton Jeffrey L**
STREET ADDRESS **314 Pittman St.**
CITY-ST-ZIP **Blackstone, GA 31516**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

Robert L. Johnson, Pres

Date

Daytime Phone #

(912) 449-3712