2002 UNIFORM BUSINESS REPORT (UBR)

2002 UNIFORM BUSINESS REPORT (UBR)						FILED May 01, 2002 8:00 am Secretary of State			
DOCUMENT # L01000004258							etary 01 5 2002 91213 002 **		
1	- 1-295 II, LLC							2 313 3	
Principal Place of Business 6950 PHILIPS HIGHWAY SUITE 6 JACKSONMILLE FL 32216		Mailing Address 6950 PHILIPS HIGHWAY SUITE 6 JACKSONVILLE FL 32216				-	4 V J D V		
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT W	RITE IN THIS SPACE		
City & State		City & State				FEI Number 14		Applied For	;
Zip	Country	Zip	Country			5. Certificate of Status Desired \$5.00 Additional Fee Required			; 1 ;
	6. Name and Address of Current R	egistered Agent		Namo es		Name and Address of New			.
ALLEN, JOHN J 6950 PHILIPS HIGHWAY SUITE 6 JACKSONVILLE FL 32216				Street Ad	t Address (P.O. Box Number is Not Acceptable)				
				City	·		FL Zip Co	do	:
8. The above named entity submits this statement for the purpose of changing its re-									:
SIGNATURE .	Signature, typed or printed name of registered agent and								1
	WIII I	FEE IS \$5	nent of Stat		DATE				
9.	MANAGING MEMBERS/MANAGERS			ay 1, 2002		ADDITIONS/CHANGES *			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	John J. Allen 6950 Philips Highway #6 Jacksonville, F1. 32216			E ET ADORESS -ST-ZIP	Discovery Montessori School, I 485 6th Avenue North Jacksonville Beach, F1. 32250			· [c	CR2E083 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	William J. Joos Dekte 11234 San Jose Blvd. Jacksonville, Florida 32257				☐ Change [☐ Addition 6	5
TITLE NAME STREET ADDRESS CITY-ST-ZIP	James E. England 14775 St. Augustine Road Jacksonville, Florida 32258		B .	ET ADDRESS		☐ Change ☐ Ado			
TITLE MAME STREET ADDRESS CITY-ST-ZIP	Robert E. Thimss Dem 14775 St. Augustine Road Jacksonville, Florida 32258			ST-ZIP ET ADDRESS ST-ZIP		☐ Change ☐ Addition			
NAME STREET ADDRESS CITY-ST-ZIP	Douglas C. Miller 14775 St. Augustine Road Jacksonville, Florida 32258			T ADORESS ST-ZIP		Change Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jacksonville Florida 32258			T ADORESS ST-ZIP	☐ Change ☐ Addition				
11. I hereby or indicated of limited liab	ertify that the information supplied with the on this report is frue and accurate and the nillty company or the receiver or trustees.				d in Section 1 as if made ur Chapter 608,	19.07(3)(i), Florida Statutes. ider oath; that I am a mana Florida Statutes.	I further certify that the li- ging member or manage	nformation er of the	
SIGNATURE: SIGNATURE REQUIRED 3/5/02 904-391-0008 SIGNATURE AND TYPED OR PROVIDED HAME OF SKINNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Data Devision Provided Provided Proving Prov									