

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90016 049 \*\*\*150.00

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 AV

**DOCUMENT # L85254**

1. Entity Name  
**OLD MOULTRIE DAY SCHOOL, INCORPORATED**

|   |   |
|---|---|
| Principal Place of Business<br><b>% THOMAS MYERS</b><br><b>2665 OLD MOULTRIE RD.</b><br><b>ST. AUGUSTINE FL 32086</b> | Mailing Address<br><b>% THOMAS MYERS</b><br><b>2665 OLD MOULTRIE RD.</b><br><b>ST. AUGUSTINE FL 32086</b> |
|---|---|



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |   |  |                                       |
|--------------------------------|---------|---------------------|---------|---|--|---------------------------------------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number <b>59-3079111</b>                           |  | Applied For                           |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |   |  | Not Applicable                        |
| City & State                   |         | City & State        |         | 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$8.75</b> Additional Fee Required |
| Zip                            | Country | Zip                 | Country |   |  |                                       |

|   |  |  |           |
|---|--|--|-----------|
| 6. Name and Address of Current Registered Agent   |  | 7. Name and Address of New Registered Agent        |           |
| <b>MYERS, THOMAS R</b><br><b>2665 OLD MOULTRIE RD.</b><br><b>ST. AUGUSTINE FL 32086</b> |  | Name   |           |
|   |  | Street Address (P.O. Box Number is Not Acceptable) |           |
|   |  |  |           |
|   |  | City   | <b>FL</b> |

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 \_\_\_\_\_ (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) <input checked="" type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2002 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|--|---|--|

| 11. OFFICERS AND DIRECTORS |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|----------------------------|--|---|---|
| TITLE                      | <b>P</b> <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>MYERS, THOMAS R.</b>                  | NAME  |   |
| STREET ADDRESS             | <b>2665 OLD MOULTRIE RD.</b>             | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>ST. AUGUSTINE FL 32086</b>            | CITY-ST-ZIP   |   |
| TITLE                      | <b>V</b> <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>MYERS, ANN R</b>                      | NAME  |   |
| STREET ADDRESS             | <b>249 BONITA ROAD</b>                   | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>ST. AUGUSTINE FL</b>                  | CITY-ST-ZIP   |   |
| TITLE                      | <b>S</b> <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>GOODE, ELAINE S</b>                   | NAME  |   |
| STREET ADDRESS             | <b>5 OCEAN PINES DRIVE</b>               | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>ST. AUGUSTINE FL 32089</b>            | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete          | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | NAME  |   |
| STREET ADDRESS             |  | STREET ADDRESS  |   |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete          | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | NAME  |   |
| STREET ADDRESS             |  | STREET ADDRESS  |   |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete          | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | NAME  |   |
| 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.

**SIGNATURE:** Ann R. Myers **Ann R. Myers** 3/26/02 (904) 797-4460  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)