

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 01, 2001 8:00 am  
Secretary of State

03-01-2001 91322 011 \*\*\*\*61.25

**DOCUMENT # N11602**

1. Entity Name  
**DUVAL PUBLIC EDUCATION FOUNDATION, INC.**

Principal Place of Business <b>3100 UNIVERSITY BLVD S #320 JACKSONVILLE FL 32216 US</b>	Mailing Address <b>P.O. BOX 5628 JACKSONVILLE FL 32247 US</b>
--	--

2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
-----	---------	-----	---------

4. FEI Number <b>59-2756660</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

~~BACCUS, CHEVON T~~  
**3100 UNIVERSITY BLVD S  
#320  
JACKSONVILLE FL 32216**

7. Name and Address of New Registered Agent

Name **Cheryl Grymes, Executive Director**  
Street Address (P.O. Box Number is Not Acceptable) **3100 University Blvd. S. Ste #320**  
City **Jacksonville** FL Zip Code **32216**

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 *Cheryl Grymes*  
**Cheryl Grymes, Executive Director** DATE **2-14-01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
-------------------------------------	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD CRISER, MARSHALL M 50 N LAURA ST 3300 JACKSONVILLE FL 32202</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD RIDDICK, CHERYL 7595 BAYMEADOWS WAY 3-2-A310 JACKSONVILLE FL 32256</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD HIRABAYASHI, JOHN 623 N. MAIN ST. JACKSONVILLE FL 32202</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MD BACCUS, CHEVON T 3100 UNIVERSITY BLVD S #320 JACKSONVILLE FL 32216</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Executive Director Cheryl Grymes 3100 University Blvd S. Ste #320 JACKSONVILLE FL 32216</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP Peter Rummell 1650 Paudential Drive #400 JACKSONVILLE FL 32207</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Cheryl Grymes* **Cheryl Grymes, Executive Director** (904)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **2/14/01** Daytime Phone # **782-1287**

CR2E037 (10/00)