FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 03, 1999 8:00am

Secretary of State

02-03-1999 90023 018 ****61.25

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N37572

BAHTHA	M CAMPUS/BOLLES, INC			• .			
Principal Place	e of Business	Mailing Address					
% HARRY M DEMONTMOLLIN % I 7400 SAN JOSE BLVD 740		% Harry M Demontmolli 7400 San Jose Blvd Jacksonville FL 32217					
2. Principal P	lace of Business	2a. Mailing Address		3. Date Incorporated or Qualifer	d		
21		26	· · · · · · · · · · · · · · · · · · ·	04/11/1990 4. FEI Number		Applied For	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		59-0624365	├	Not Applicable	
22		27]		3970024303		5 Additional	
City & Stat	te	City & State		5. Certifcate of Status Desired		Required	
23		28	Country	6 5 7 6 9 5			
Zip	Country	Zip	Country	Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees	
24	25		30	10. Name and Address of New		20 10 1 003	
	9. Name and Address of Currer		81 Name	19. Hallie and Addieds of Hos	Trogistoro - 1 goin	· -	
			(Valido				
DEMONTA	MOLLIN, HARRY, M		82 Street Add	dress (P.O. Box Number is Not Accep	otable)		
7400 SAN JOSE BLVD			100				
	IVILLE FL 32217		83				
AUDIOCIAITE I C OFFIL							
UNCHOO	WILL I C OLL II		84 City		85 Z	ip Code	
					FL IIII		
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11. Pursuant	to the provisions of Sections 617.050 registered agent, or both, in the State am familiar with, and accept the obligations of the control of		s, the above-named cor thorized by the corporal da Statutes.		FL IIII		
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CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 12 or Block 13 if changed or on attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

RICHARD T. ANDERSON

JACKSONVILLE FL 32207

2264 BARTRAM ROAD

TEMPORTURE PAR THE SAN ROLL IS S

JACKSONIA

☐ DELETE

1/12/99

904-733-9292

☐ Addition