

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38475

1. Entity Name

NORTHEAST FLORIDA EDUCATIONAL CONSORTIUM FOR THE

Principal Place of Business

207 NORTH SAN MARCO AVE.
ST. AUGUSTINE FL 32084

Mailing Address

207 NORTH SAN MARCO AVE.
ST. AUGUSTINE FL 32084-2762

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3025025

Applied For

Not Applicable

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

TRAYNOR, JOHN MICHAEL
28 CARDOVA STREET
ST. AUGUSTINE FL 32084

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CHILDERS, LUCRETIA	
STREET ADDRESS	11901 BEACH BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	PERRY, EARLENE	
STREET ADDRESS	1701 PRUDENTIAL DRIVE, 4TH FLOOR	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SIMON, SHANNON	
STREET ADDRESS	162 NAUTILUS ROAD	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERRY, EARLENE	
STREET ADDRESS	1701 PRUDENTIAL Dr., 4th Floor	
CITY-ST-ZIP	Jacksonville FL 32207	
TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donna Drake	
STREET ADDRESS	1359 Prince Rd	
CITY-ST-ZIP	St. Augustine FL 32086	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE REQUIRED Shannon C. Simon 2/13/00 804-827-2941

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE

FILED
Feb 19, 2000 8:00 am
Secretary of State

02-19-2000 90018 030 ****61.25