

2001 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

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

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

7. Name and Address of New Registered Agent

Name Shannon C. Simon

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

207 North San Marco Ave.

City St. Augustine

FL

Zip Code 32084

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

Shannon Simon
Shannon Simon, Sec./Treasurer

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

TITLE STD ☐ Delete
NAME SIMON, SHANNON
STREET ADDRESS 162 NAUTILUS ROAD
CITY-ST-ZIP ST. AUGUSTINE FL 32084

TITLE PD ☐ Delete
NAME PERRY, EARLENE
STREET ADDRESS 1701 PRUDENTIAL DRIVE, 4TH FLOOR
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE VD ☐ Delete
NAME DRAKE, DONNA
STREET ADDRESS 1359 PRINCE RD
CITY-ST-ZIP SAINT AUGUSTINE FL 32086

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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: Shannon Simon 1/6/01 908 827 2941
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90012 030 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)