2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2000 8:00 am
Secretary of State
05-05-2000 90045 025 ****70.00

DOCUMENT # N50081

1. Entity Name

NORTH FLORIDA SCHOOL OF SPECIAL EDUCATION, INC.

Principal Place of Business	Mailing Address
4600 BEACH BLVD JACKSONVILLE FL 32207 US	4600 BEACH BLVD JACKSONVILLE FL 32207-4764 US

DO NOT WRITE IN THIS SPACE

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 59-3126545 ☐ 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
POAG, DON 3967 MEADOWVIEW DR. N JACKSONVILLE FL 32225	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LEFF, ELDON 1213 TRAILWOOD DR NEPTUNE BEACH FL 32266	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HARRISON, ROBERT 4238 LALOSA DR. JACKSONVILLE FL 32217	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WOMBOUGH, JOHN 13722 BROMLEY POINT DR PONTE VEDRA BEACH FL 32225	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD POAG, DON 3967 MEADOWVIEW DR. N JACKSONVILLE FL 32225	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRUTSCHY, BARBARA 4600 BEACH BLVD. JACKSONVILLE FL 32207	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEBBIE JOHNSON 4600 BEACH BLVD JACKSONVILLE, FL 32207 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CALVERT, GEORGE 12551 LIN JOHN RD. JACKSONVILLE FL 32223	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

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 DON POAG 4/26/00 (904) 739-8020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

N56081 Attachment 727201

NORTH FLORIDA SCHOOL OF SPECIAL EDUCATION

at Hope Haven

2000 UNIFORM BUSINESS REPORT

BLOCK 11. ADDITIONS TO OFFICERS AND DIRECTORS IN 10:

MR. DAVID COLSON - D
3938 SUNBEAM ROAD, SUITE 1
JACKSONVILLE, FL 32257

MR. JERRY WILLIAMS - D
13012 BIGGIN CHURCH ROAD SOUTH
JACKSONVILLE, FL 32224

DR. PEGGYANN ZAENGER
6151 GRAYLING DRIVE
JACKSONVILLE, FL 32256