# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 30, 2001 8:00 am**
**Secretary of State**
04-30-2001 90392 033 ****70.00

DOCUMENT # N50081

1. Entity Name

NORTH FLORIDA SCHOOL OF SPECIAL EDUCATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 4600 BEACH BLVD<br>JACKSONVILLE FL 32207<br>US | 4600 BEACH BLVD<br>JACKSONVILLE FL 32207<br>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<br>3967 MEADOWVIEW DR. N<br>JACKSONVILLE FL 32225 | Name<br>Street Address (P.O. Box Number is Not Acceptable) 4600 Beach Blvd.<br>Jacksonville,<br>City **FL** Zip Code 32207 |

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

CR2E037 (10/00)

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:** Debbie Johnson 4/24/01 904-346-5100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #