2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
05-13-2002 90173 001 ****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 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 4600 BEACH BLVD. JACKSONVILLE FL 32207	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	VD HARRISON, ROBERT 4238 LALOSA DR. JACKSONVILLE FL 32217	☐ Delete	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WOMBOUGH, JOHN 13722 BROMLEY POINT DR PONTE VEDRA BEACH FL 32225	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD POAG, DON 3967 MEADOWVIEW DR. N JACKSONVILLE FL 32225	☐ Delete	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, DEBBIE 4600 BEACH BLVD JACKSONVILLE FL 32207	☐ Delete	T	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CALVERT, GEORGE 12551 LIN JOHN RD. JACKSONVILLE FL 32223	☐ Delete	V	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ZAENGER, PEGGY ANN 6151 Grayling Dr Jacksonville, FL 32256	☐ Delete		☐ Change ☒ Addition

CR2E037 (9/01)

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: Deborah A. Johnson Deborah A. Johnson 4/25/02 904-346-5100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment Doc # N50081 / 854200

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FEI Number: 59-3126545

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZP	DELETE	TITLE	V/S Change X Addition
		NAME	ROSSI, FRANK
		STREET ADDRESS	3312 ST. JOHNS AVE
		CITY-ST-ZP	JACKSONVILLE, FL 32205
TITLE / NAME / STREET ADDRESS / CITY-ST-ZP	DELETE	TITLE	D Change X Addition
		NAME	DAHL, JAMES
		STREET ADDRESS	1200 RIVERPLACE
		CITY-ST-ZP	JACKSONVILLE, FL 32207
TITLE / NAME / STREET ADDRESS / CITY-ST-ZP	DELETE	TITLE	D Change X Addition
		NAME	RUCKMAN,DON
		STREET ADDRESS	5447 FERN CREEK DR
		CITY-ST-ZP	JACKSONVILLE, FL 32277
TITLE / NAME / STREET ADDRESS / CITY-ST-ZP	DELETE	TITLE	D Change X Addition
		NAME	WILLIAMS, JERRY
		STREET ADDRESS	8786 PERIMETER PARK BLVD
		CITY-ST-ZP	JACKSONVILLE, FL 3216
TITLE / NAME / STREET ADDRESS / CITY-ST-ZP	DELETE	TITLE	D Change X Addition
		NAME	WORTMAN, JOHN
		STREET ADDRESS	1200 RIVERPLACE BLVD STE. 902
		CITY-ST-ZP	JACKSONVILLE, FL 32207
TITLE / NAME / STREET ADDRESS / CITY-ST-ZP	DELETE	TITLE	D Change X Addition
		NAME	SMITH, CHRISTY
		STREET ADDRESS	1888 RIVER ROAD
		CITY-ST-ZP	JACKSONVILLE, FL 32207
TITLE / NAME / STREET ADDRESS / CITY-ST-ZP		TITLE	Change Addition
		NAME	
		STREET ADDRESS	
		CITY-ST-ZP	