# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 23, 2003 8:00 am**
**Secretary of State**
04-23-2003 90137 021 ****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 |

☐ CHECK HERE IF MAKING CHANGES

| 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>4600 BEACH BLVD.<br>JACKSONVILLE FL 32207 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS $61.25**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<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 | D<br>POAG, DON<br>3987 MEADOWVIEW DR. N<br>JACKSONVILLE FL 32225 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<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 | V<br>CALVERT, GEORGE<br>12551 LIN JOHN RD.<br>JACKSONVILLE FL 32223 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>ZAENGER, PEGGY ANN<br>6151 GRAYLING DRIVE<br>JACKSONVILLE FL 32256 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E037 (10/02)

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, TREASURER 4/21/03 904-346-5100

Attachment
20032430
N50081

## 2002 UNIFORM BUSINESS REPORT (UBR) PAGE 2

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** |

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 | D Change X Addition |
| | | NAME | EYRICK, JOYCE |
| | | STREET ADDRESS | 5034 PIRATES COVE ROAD |
| | | CITY-ST-ZP | JACKSONVILLE, FL 32210 |