2000 UNIFORM BUSINESS R. (UBR)

DOCUMENT # N94000003623

1. Entity Name

ARLINGTON COUNTRY DAY SCHOOL P.T.O., INC.

R

FILED
Jun 20, 2000 8:00 am
Secretary of State
06-20-2000 90003 045 ****61.25

Principal Place of Business	Mailing Address
5455 RIVER TRAIL ROAD SOUTH JACKSONVILLE FL 32277 US	5455 RIVER TRAIL ROAD SOUTH JACKSONVILLE FL 32277-1116 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1512 Mallory St.	1512 Mallory St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville FL	City & State: Jacksonville FL
Zip: 32205 Country: USA	Zip: 32205 Country: USA

4. FEI Number: 59-3268655 ☐ 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
CRABTREE, R. R. 8375 DIX ELLIS TRAIL SUITE 401 JACKSONVILLE FL 32256	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	PD NUZUM, SARAH 5455 RIVER TRAIL ROAD, SOUTH JACKSONVILLE FL 32277	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Pat Reid 5449 Glorianne Dr. Jacksonville FL 32207
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HUSTON, KAY 11187 SCHOONER ST. JACKSONVILLE FL 32225	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Jenny Hall 12253 Beacon Dr. Jacksonville FL 32225
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DASHER, SHIRLEY 1951 LEON ROAD JACKSONVILLE FL 32246	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Jeff Groves 7925 Merrill Rd. #2016 Jacksonville FL 32277
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BERRY, CANDY 7120 WAIKIKI ROAD JACKSONVILLE FL 32216	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Same
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MASON, JODIE 11127 CAROLINE CREST DRIVE JACKSONVILLE FL 32225	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Frankie Kirkpatrick 1512 Mallory St Jacksonville FL 32205
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: Frankie Kirkpatrick 4/28/00 (904) 744-0466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #