

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90025 046 ****61.25

DOCUMENT # N95000002278

1. Entity Name

ST. JOHN'S ACADEMY PRIVATE SCHOOL, INC.

Principal Place of Business

POST OFFICE BOX 1098
 PONTE VEDRA BEACH FL 32082

Mailing Address

POST OFFICE BOX 1098
 PONTE VEDRA BEACH FL 32004-1098

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 **59-3317703**

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

**ANTHONY, MALCOLM P.A.
 FOUR SAWGRASS VILLAGE
 PONTE VEDRA BEACH FL 32082**

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	S	<input type="checkbox"/> Delete
NAME	DAVENPORT, JULIE	
STREET ADDRESS	84 SANCHEZ DR E.	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	P	<input type="checkbox"/> Delete
NAME	BROOKS, WAYNE R	
STREET ADDRESS	8015 PEBBLE CREEK LANE, EAST	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ALBANEZE, JEANNE	
STREET ADDRESS	8004 WHISPER LAKE LANE E.	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	D	<input type="checkbox"/> Delete
NAME	JAMES, NICHOLAS R	
STREET ADDRESS	576 VALLEY FORGE RD	
CITY-ST-ZIP	NEPTUNE BEACH FL 32266	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ANTHONY, MALCOLM	
STREET ADDRESS	36 LOGGERHEAD LANE	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAFT, JR, WILLIAM F	
STREET ADDRESS	54 JACKSON AVE	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ratchford, Larry	
STREET ADDRESS	2009 Palmetto Point	
CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Smith, Richard	
STREET ADDRESS	4302 Richmond Park Dr. E.	
CITY-ST-ZIP	Jacksonville, FL 32224	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Macaulic, John	
STREET ADDRESS	41 Monterey Street	
CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-00

Date

Daytime Phone #

CR2E037 (9/99)