

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005386

1. Entity Name

STANDING PROUD CONDUCTIVE LEARNING CENTER, INC.

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90036 020 \*\*\*\*61.25

Principal Place of Business

3651 CROWN POINT ROAD  
JACKSONVILLE FL 32257

Mailing Address

11765 MANADARIN ROAD  
JACKSONVILLE FL 32223-1334

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

59-3341992

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

WALTHOUR-EASTON, DEBRA  
11765 MANDARIN RD.  
JACKSONVILLE FL 32223-1334

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 PD ☐ Delete  
NAME WALTHOUR-ESTON, DEBRA  
STREET ADDRESS 11765 MANDARIN RD.  
CITY-ST-ZIP JACKSONVILLE FL 32223-1334

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPD ☐ Delete  
NAME EASTON, SCOTT ERWIN  
STREET ADDRESS 11765 MANDARIN RD.  
CITY-ST-ZIP JACKSONVILLE FL 32223-1334

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME WALTHOUR-EASTON, DEBRA  
STREET ADDRESS 11765 MANDARIN RD.  
CITY-ST-ZIP JACKSONVILLE FL 32223-1334

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME EASTON, SCOTT ERWIN  
STREET ADDRESS 11765 MANDARIN RD.  
CITY-ST-ZIP JACKSONVILLE FL 32223-1334

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME EASTON, JAMES J DR.  
STREET ADDRESS 5106 GRIFFIN ST.  
CITY-ST-ZIP MOSS POINT MS 39563

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME DAGIN, FAYE  
STREET ADDRESS 4805 PHIL ROSE  
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

05/01/00 (904) 292-9981

CR2E037 (9/99)