

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

2000



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 JAN 21 AM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000003925

1. Corporation Name

DILLON COUNTRY DAY & LAB SCHOOL, INC.

Principal Place of Business

PALM BEACH POLO STADIUM
13420 SOUTH STONE BLVD
WELLINGTON, FL 33414
US

Mailing Address

PALM BEACH POLO STADIUM
13420 SOUTH STONE BLVD
WELLINGTON, FL 33414
US



01/21/00 90127 083 61.25

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

07/07/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0762778

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOUSTAKIS, JUDITH D
12770 WESTPORT CIRCLE
WELLINGTON FL 33414

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME MOUSTAKIS, JUDITH DILLON

1.2 NAME

STREET ADDRESS 12770 WESTPORT CIRCLE

1.3 STREET ADDRESS

CITY-ST-ZIP WELLINGTON FL 33414

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME SMITH, MAUREEN E

2.2 NAME

STREET ADDRESS 771 RABBIT RD

2.3 STREET ADDRESS

CITY-ST-ZIP SANIBEL ISLAND FL 33957

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME MOUSTAKIS, DAINA LINTON

3.2 NAME

STREET ADDRESS 15420 LIVINGSTON

3.3 STREET ADDRESS

CITY-ST-ZIP LUTZ FL 33547

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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 #

CR2E037 (11/98)

2/14