

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003925

1. Entity Name

DILLON COUNTRY DAY & LAB SCHOOL, INC.

FILED

Mar 14, 2002 8:00 am  
Secretary of State

03-14-2002 90013 048 \*\*\*\*70.00

Principal Place of Business

Mailing Address

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

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

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

65-0762778

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

~~MOUSTAKIS, JUDITH D~~  
12770 WESTPORT CIRCLE  
WELLINGTON FL 33414

JUDITH/MARY Dillon

Name

Name Change JUDITH/MARY Dillon

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

12770 Westport Circle

City

Wellington

FL

Zip Code

33414

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

Judith Mary Dillon

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

TITLE	D	<input type="checkbox"/> Delete
NAME	MOUSTAKIS, JUDITH DILLON	
STREET ADDRESS	12770 WESTPORT CIRCLE	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SMITH, MAUREEN E	
STREET ADDRESS	12735 GULFFIND CIR	
CITY-ST-ZIP	WELLINGTON FL 33461	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MOUSTAKIS, DAINA LINTON	
STREET ADDRESS	18001 RICHMOND PL APT 412	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	James Blanton	<input type="checkbox"/> Delete
NAME	801 Comenau Building	
STREET ADDRESS	314 Clematis W PR, FL 3340	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Name	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUDITH Mary Dillon	
STREET ADDRESS	12770 Westport Circle	
CITY-ST-ZIP	Wellington, Florida 33414	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES B LANTON	
STREET ADDRESS	801 Comenau Building	
CITY-ST-ZIP	W PR FLA. 33410	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Georgia Rowdell	
STREET ADDRESS	1084 Mulberry	
CITY-ST-ZIP	Wellington, FL 33414	
TITLE	DIANA MACNAC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	14409 Horseshoe	
STREET ADDRESS	Wellington, FL 33414	
CITY-ST-ZIP		
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:

Judith Mary Dillon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/28/02

Daytime Phone #

561-798-4748

CR2E037 (9/01)