

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004361

1. Entity Name

ALL SAINTS SCHOOL, INC.

Principal Place of Business

Mailing Address

5888 BLANDING BLVD  
JACKSONVILLE FL 32244

5888 BLANDING BLVD  
JACKSONVILLE FL 32244-1927

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

NOT APPLICABLE

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

CURRY, LOIS A  
5888 BLANDING BLVD  
JACKSONVILLE FL 32244

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AD  
WILBUR, ALICE H  
837 PONTE VEDRA BLVD  
PONTE VEDRA BCH FL 32004

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DOE  
HORTON, JEANNE  
3530ST. JOHNS AVE  
JACKSONVILLE FL 32205

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
RD  
NELSON, MARYAM L:  
5886 110TH ST  
JACKSONVILLE FL 32244

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DOE  
FAYE T. EVANS  
9901 CISCO DR  
JACKSONVILLE, FL 32219

☒ Change ☐ Addition

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

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

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

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

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 legal empowered.

SIGNATURE:

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

FILED  
Jan 29, 2000 8:00 am  
Secretary of State

01-29-2000 90111 043 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

1/25/00 (904) 772-1220  
Date Daytime Phone #