

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004361

1. Entity Name

ALL SAINTS SCHOOL, INC.

Principal Place of Business

5888 BLANDING BLVD
JACKSONVILLE FL 32244

Mailing Address

5888 BLANDING BLVD
JACKSONVILLE FL 32244

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Delete

TITLE INSTRUCTOR
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE DOE
NAME DENA E. JOHNSTON
STREET ADDRESS 4638 RAMONA BLVD
CITY-ST-ZIP JACKSONVILLE, FL 32205

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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 like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-01

Date

Daytime Phone #

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90077 042 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)