

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90058 027 ****61.25

DOCUMENT # N98000007217

1. Entity Name

THE SCHULTZ CENTER FOR TEACHING AND LEADERSHIP,

Principal Place of Business

**118 W. ADAMS ST., STE. 600
JACKSONVILLE FL 32202**

Mailing Address

**P.O. Box 5628
118 W. ADAMS ST., STE. 600
JACKSONVILLE FL 32202**

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

59-3562981

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

**SCHULTZ, FREDERICK H
118 W. ADAMS ST., STE. 600
JACKSONVILLE FL 32202**

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 **D** ☐ Delete
NAME **FRYERS, JOHN C JR**
STREET ADDRESS **1701 PRUDENTIAL DR**
CITY-ST-ZIP **JAX FL 32207-8182**

TITLE ☐ Change ☒ Addition
NAME **W.C. Gentry, Esq.**
STREET ADDRESS **P.O. Box 837**
CITY-ST-ZIP **JAX FL 32201**

TITLE **D** ☒ Delete
NAME **HARDEN, M.C. III**
STREET ADDRESS **806 RIVERSIDE AVE**
CITY-ST-ZIP **JAX FL 32203**

TITLE ☐ Change ☒ Addition
NAME **Carol Thompson**
STREET ADDRESS **800 Prudential Dr**
CITY-ST-ZIP **JAX FL 32207**

TITLE **D** ☐ Delete
NAME **LOCKETT, EARLENE**
STREET ADDRESS **6210 WOODLAWN CRT**
CITY-ST-ZIP **JAX FL 32209**

TITLE ☐ Change ☒ Addition
NAME **Susan S. Wilkinson, Ed. D.**
STREET ADDRESS **1701 Prudential Dr.**
CITY-ST-ZIP **JAX FL 32207**

TITLE **D** ☒ Delete
NAME **LUCAS, LYNNE**
STREET ADDRESS **1601 ATLANTIC BLVD**
CITY-ST-ZIP **JAX FL 32207**

TITLE ☐ Change ☒ Addition
NAME **Terrie Brady**
STREET ADDRESS **1601 Atlantic Blvd.**
CITY-ST-ZIP **JAX FL 32207**

TITLE **D** ☐ Delete
NAME **NEWTON, RUSSELL B, JR.**
STREET ADDRESS **111 RIVERSIDE AVE STE 140**
CITY-ST-ZIP **JAX FL 32202**

TITLE ☐ Change ☒ Addition
NAME **Jimmie A. Johnson**
STREET ADDRESS **1701 Prudential Dr.**
CITY-ST-ZIP **JAX FL 32207**

TITLE **D** ☒ Delete
NAME **SPARKS, LINDA**
STREET ADDRESS **1701 PRUDENTIAL DR**
CITY-ST-ZIP **JAX FL 32207**

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-7-2001

CR2E037 (10/00)