## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

## DOCUMENT # **N98000007217**

1. Entity Name

SIGNATURE:

THE SCHULTZ CENTER FOR TEACHING AND LEADERSHIP,



FILED

**Secretary of State** 

01-17-2003 90040 029 \*\*\*\*61.25

Jan 17, 2003 8:00 am

Principal Place of Business Mailing Address **4019 BOULEVARD CENTER DRIVE** 4019 BOULEVARD CENTER DRIVE JACKSONVILLE FL 32207 JACKSONVILLE FL 32207 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-3562981 Applied For Not Applicable Zip Zip \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHULTZ, FREDERICK H Street Address (P.O. Box Number is Not Acceptable)\* 118 W. ADAMS ST., STE. 600 JACKSONVILLE FL 32202 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE Change Change ☐ Addition FRYER, JOHN C JR NAME 1701 PRUDENTIAL DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JAX FL 32207-8182 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition THOMPSON, CAROL NAME NAME **800 PRUDENTIAL DR** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32207 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition LOCKETT, EARLENE NAME NAME STREET ADDRESS 6210 WOODLAWN CRT STREET ADDRESS CITY-ST-7IP JAX FL 32209 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition GENTRY, W.C. ESQ. NAME NAME P.O. BOX 837 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32201 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NEWTON, RUSSELL B JR. NAME NAME 111 RIVERSIDE AVE STE 140 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JAX FL 32202 CITY-ST-ZIP ☐ Delete TITLE Addition Change WILKINSON, SUSAN S ED.D. NAME NAME Wilkinson, Susan S ED.D STREET ADDRESS 1701 PRUDENTIAL DR STREET ADDRESS 100 Bell Pel Way. CITY-ST-ZIP JAX FL 32207 CITY-ST-ZIP Jacksonville. 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.

unda M. Lewis,

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT #N98000007217

Refachner

Page 2

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