

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003993

1. Entity Name

ST. JOHNS-COUNTRY DAY SCHOOL FOUNDATION, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90182 045 ****61.25

Principal Place of Business

3100 DOCTORS LAKE DR.
ORANGE PARK FL 32073

Mailing Address

3100 DOCTORS LAKE DR.
ORANGE PARK FL 32073-6926



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3590413

Applied For

Not Applicable

Zip

Country

Zip

Country

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

RUSSEY, STEPHEN F
3100 DOCTORS LAKE DR.
ORANGE PARK FL 32073

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 ☐ Delete
NAME D HARRIS, HENRY H JR.
STREET ADDRESS 1000 VICKER'S LANDING WAY, APT.C-109
CITY-ST-ZIP PONTE VEDRA FL 32082

TITLE ☐ Change ☒ Addition
NAME D Hoffman, James R.
STREET ADDRESS 2600 Belleshore Court
CITY-ST-ZIP Orange Park, FL 32065

TITLE ☐ Delete
NAME D MASON, MINERVA
STREET ADDRESS 12 KINGSLEY AVE.
CITY-ST-ZIP ORANGE PARK FL 32073

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

TITLE ☐ Delete
NAME D SANDRIDGE, DOROTHY J
STREET ADDRESS 2764 W. HOLLY POINT RD.
CITY-ST-ZIP ORANGE PARK FL 32073

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

TITLE ☐ Delete
NAME D FREEMAN, PATRICIA
STREET ADDRESS 13459 OWL HOLLOW CT.
CITY-ST-ZIP JACKSONVILLE FL 32223

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

TITLE ☐ Delete
NAME D NICHOLS, JOHN W
STREET ADDRESS 1796 WESTMINSTER DR
CITY-ST-ZIP ORANGE PARK FL 32073

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

TITLE ☐ Delete
NAME D RUSSEY, STEPHEN F
STREET ADDRESS 768 WESTMINSTER DR.
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE ☐ Change ☐ 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:

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

Date

Daytime Phone #

4-26-00

904-264-9572