

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000003993**

1. Entity Name

ST. JOHNS COUNTRY DAY SCHOOL FOUNDATION, INC.

Principal Place of Business

**3100 DOCTORS LAKE DR.
ORANGE PARK FL 32073**

Mailing Address

**3100 DOCTORS LAKE DR.
ORANGE PARK FL 32073**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3590413

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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	D	<input checked="" type="checkbox"/> Delete
NAME	HARRIS, HENRY H JR.	
STREET ADDRESS	1000 VICKER'S LANDING WAY, APT.C-109	
CITY-ST-ZIP	PONTE VEDRA FL 32082	

TITLE	D	<input type="checkbox"/> Delete
NAME	MASON, MINERVA	
STREET ADDRESS	12 KINGSLEY AVE.	
CITY-ST-ZIP	ORANGE PARK FL 32073	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SANDRIDGE, DOROTHY J	
STREET ADDRESS	2764 W. HOLLY POINT RD.	
CITY-ST-ZIP	ORANGE PARK FL 32073	

TITLE	D	<input type="checkbox"/> Delete
NAME	FREEMAN, PATRICIA	
STREET ADDRESS	13459 OWL HOLLOW CT.	
CITY-ST-ZIP	JACKSONVILLE FL 32223	

TITLE	D	<input type="checkbox"/> Delete
NAME	NICHOLS, JOHN W	
STREET ADDRESS	1796 KEI LN	
CITY-ST-ZIP	MIDDLEBURG FL 32068	

TITLE	D	<input type="checkbox"/> Delete
NAME	RUSSEY, STEPHEN F	
STREET ADDRESS	768 WESTMINSTER DR.	
CITY-ST-ZIP	ORANGE PARK FL 32073	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRANT, DONALD P.	
STREET ADDRESS	808 MAPLEWOOD LANE	
CITY-ST-ZIP	ORANGE PARK, FL 32065	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOFFMAN, JAMES R.	
STREET ADDRESS	2600 BELLESHORE COURT	
CITY-ST-ZIP	ORANGE PARK, FL 32065	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 JOHN W. NICHOLS

4/30/2001 (904) 264-9572

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90137 032 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)