2000 UNIFORM B	DSINESS KEPU	NI (UDI	<u>''</u>
DOCUMENT # P990	00031910		Service.
HASKELL EDUCATIONAL SERVICES, INC.			LEELARY OF STAIL
Principal Place of Business 111 RIVERSIDE AVE. JACKSONVILLE BEACH FL 32202	Mailing Address 111 RIVERSIDE AVE. JACKSONVILLE BEACH FL	32202	00 OCT 30 PM 5: 38
2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State	City & State		4. FEI Number X Applied For
Zip Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional
6 Name and Address of C	urrent Registered Agent	<u> </u>	7. Name and Address of New Registered Agent
6. Name and Address of Current Registered Agent ALLEN, BRINTON, SIMMONS & MCCARTHY, P.A. ONE INDEPENDENT DR., STE. 3200 JACKSONVILLE BEACH FL 32202		Name	
		Street A	ddress (P.O. Box Number is Not Acceptable)
UNONOONVILLE BENOTITE SEE		City	Zip Code
8. The above named entity submits this statement for the purpose of changing its req			
8. The above named entity submits this state	ment for the pulpose of changing as	registered office of	registered agent, or both, in the state of horizon.
SIGNATURESignature, typed or printed name of register	red agent and title if applicable. (NOTI	E: Registered Agent signati	ure required when reinstating) DATE
9. This corporation is eligible to satisfy its Interaction Tax filing requirement and elects to do so: (See criteria on back)	angible FILE NOW!	-	be \$750.00 Trust Fund Contribution. Added to Fees
	S AND DIRECTORS	12.	President Date of Addition
TITLE	☐ Delete	TITLE NAME	Christopher S. Park Change X Addition Change
NAME STREET ADDRESS		STREET ADDRESS CITY-ST-ZIP	Jacksonville, Florida 32202
CITY-ST-ZIP TITLE	☐ Delete	TITLE	Vice President
NAME STREET ADDRESS		NAME STREET ADDRESS	Dave D. Balz 111 Riverside Avenue
CITY-ST-ZIP		CITY-ST-ZIP	Jacksonville, Florida 32202
TITLE NAME	☐ Delete	TITLE NAME	Secretary & Treasurer
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	lll Riverside Avenue Jacksonville, Florida 32202
TITLE	Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS		NAME STREET ADDRESS	5000034646153 -11/15/0001083005
CITY-ST-ZIP TITLE	Delete	CITY-ST-ZIP TITLE	****400.00 ****400.00 Change Addition
NAME		NAME STREET ADDRESS	\mathcal{L}
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	5/14/3
TITLE	☐ Delete	TITLE NAME	☐ Change ☐ Addition ☐ SOODO3464615—3
STREET ADDRESS		STREET_ADDRESS :: CITY-ST-ZIP	****158.75 *****158.75
13. I hereby certify that the information suppl	lied with this filing does not qualify fo		******* 158. [5 ******* 158. [5] sted in Section 119.07(3)(i), Florida Statutes. I further certify that the information have the same legal effect as if made under oath; that I am an officer or director of the country of the transfer in Place 11 or Block 11 or Block 12 if
indicated on this report or supplemental of the corporation or the receiver of truste changed, or on an attachment with an ad-	ae empowered to execute this report	t as required by Una	nave the same legal effect as if made under oath; that I am an officer or director apter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if
SIGNATURE: SIGNATURE:	SEP OF PRIVED BYME OF SIGNING OFFICER	OF DIRECTOR	9/25/00 904/791-4500 Date Oaytime Phone #

Haskell Educational Services, Inc.

Officers of the Corporation

Christopher S. Park President 111 Riverside Avenue Jacksonville, Florida 32202 SS# 097-38-3982

Dave D. Balz Vice President 111 Riverside Avenue Jacksonville, Florida 32202 SS# 250-82-6498

Hans G. Tanzler III Secretary & Treasurer 111 Riverside Avenue Jacksonville, Florida 32202 SS# 265-94-4438