

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000031910

1. Entity Name
HASKELL EDUCATIONAL SERVICES, INC.

Principal Place of Business
**111 RIVERSIDE AVE.
JACKSONVILLE BEACH FL 32202**

Mailing Address
**111 RIVERSIDE AVE.
JACKSONVILLE BEACH FL 32202**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**ALLEN, BRINTON, SIMMONS & MCCARTHY, P.A.
ONE INDEPENDENT DR., STE. 3200
JACKSONVILLE BEACH FL 32202**

7. Name and Address of New Registered Agent

Name **Edward W. Mullinix, Jr.**
Street Address (P.O. Box Number is Not Acceptable)
111 Riverside Avenue
City **Jacksonville** FL **32202**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	P	NAME	PARK, CHRISTOPHER S	<input checked="" type="checkbox"/> Delete
STREET ADDRESS			111 RIVERSIDE AVENUE	
CITY-ST-ZIP			JACKSONVILLE FL 32202	
TITLE	V	NAME	BALZ, DAVE D	<input type="checkbox"/> Delete
STREET ADDRESS			111 RIVERSIDE AVE.	
CITY-ST-ZIP			JACKSONVILLE BEACH FL 32202	
TITLE	ST	NAME	TANZLER, HANS G III	<input type="checkbox"/> Delete
STREET ADDRESS			111 RIVERSIDE AVE.	
CITY-ST-ZIP			JACKSONVILLE BEACH FL 32202	
TITLE	PCED	NAME	Edward W. Mullinix, Jr	<input type="checkbox"/> Delete
STREET ADDRESS			111 Riverside Avenue	
CITY-ST-ZIP			Jacksonville FL 32202	
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCED	NAME	Edward W. Mullinix, Jr	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			111 RIVERSIDE AVENUE	
CITY-ST-ZIP			Jacksonville, FL 32202	
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-01

Date

904-791-4712

Daytime Phone #

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90106 014 ***158.75

U0047251



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)