

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000042088

1. Entity Name

MAGELLAN ACADEMIES & CHILD DEVELOPMENT CENTERS.

FILED
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90469 044 ***158.75

0610514

Principal Place of Business

4375-4 SOUTHSIDE BOULEVARD
SUITE 122
JACKSONVILLE FL 32216

Mailing Address

4375-4 SOUTHSIDE BOULEVARD
SUITE 122
JACKSONVILLE FL 32216

JACKSONVILLE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

135 W. Bay St.
Suite, Apt. #, etc.
100

3. Mailing Address

135 W. Bay St.
Suite, Apt. #, etc.
100

City & State

Jacksonville, FL
Zip 32202 Country USA

City & State

Jacksonville, FL
Zip 32202 Country USA

4. FEI Number 59-3575043

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

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 BLITCH, LORRIE J
STREET ADDRESS 4375-4 SOUTHSIDE BOULEVARD
CITY-ST-ZIP JACKSONVILLE FL 32216 ☐ Delete

TITLE CEO
NAME BLITCH, THOMAS A
STREET ADDRESS 3673 MARSH PARK COURT
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 3673 Marsh Park Court
CITY-ST-ZIP Jacksonville, FL 32250 ☒ Change ☐ Addition

TITLE CEO/Secretary/Treasurer
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

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

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

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

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

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

Date

Daytime Phone #

2/16/01 904-354-3100

CR2E034 (10/00)