

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90306 039 \*\*\*158.75

<b>DOCUMENT # P99000104015</b>	
1. Entity Name <b>SABAL LEARNING SYSTEMS, INC.</b>	



Principal Place of Business <b>3802 BIGGIN CHURCH ROAD JACKSONVILLE, FL 32224</b>	Mailing Address <b>3802 BIGGIN CHURCH ROAD JACKSONVILLE, FL 32224</b>
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2. Principal Place of Business <b>1263 Norwich Road</b> Suite, Apt. #, etc.	3. Mailing Address <b>1263 Norwich Road</b> Suite, Apt. #, etc.
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☒ CHECK HERE IF MAKING CHANGES

City & State <b>Jacksonville FL</b>	City & State <b>Jacksonville FL</b>
Zip <b>32207</b>	Zip <b>32207</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>59-3612096</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>OTT, CAMILLE 1263 NORWICH ROAD JACKSONVILLE, FL 32207</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City <b>FL</b>	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **CAMILLE OTT** (NOTE: Registered Agent Signature required when reinstating) DATE **4-5-03**

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JORDAN, PAUL B 1977 WOODLEIGH DRIVE WEST JACKSONVILLE, FL 32211 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, JOANNE 3802 BIGGIN CHURCH ROAD JACKSONVILLE, FL 32224 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLEMAN, RONALD L 1748 ASTON HALL DRIVE EAST JACKSONVILLE, FL 32246 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Ott, Camille 1263 Norwich Road Jacksonville, FL 32207 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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: **CAMILLE OTT** DATE **4-5-03** DAYTIME PHONE # **904-730-0365**

CR2E034 (10/02)