

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 10, 2001 08:00 AM
Secretary of State

DOCUMENT # N00000007042

1. Entity Name
 EAGLES' NEST COMMUNITY CHARTER SCHOOLS, INC.

Principal Place of Business 6311 NW 2ND ST MARGATE FL 33093	Mailing Address 273 SOUTH SR 7 #277 MARGATE FL 33068
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2. Principal Place of Business 6311 NW 2ND ST	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State MARGATE FL	City & State
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Zip 33063	Country	Zip	Country
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4. FEI Number 65-1046983	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FOSTER-GRANT JOHN S
 273 SOUTH SR 7
 #277
 MARGATE FL 33068

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 **JOHN S. FOSTER-GRANT**

06/10/2001

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/S	<input type="checkbox"/> Delete	
NAME	GREEN VINNETTE		
STREET ADDRESS	273 SOUTH SR 7		
CITY-ST-ZIP	MARGATE FL 33068		
TITLE	D	<input type="checkbox"/> Delete	
NAME	KIMMEL SHARRY		
STREET ADDRESS	273 SOUTH SR 7 #277		
CITY-ST-ZIP	MARGATE FL 33068		
TITLE	D/T	<input type="checkbox"/> Delete	
NAME	GRIFFIN MARCIA		
STREET ADDRESS	1278 ROUNDABOUT ROAD		
CITY-ST-ZIP	CAMERON NC 28326		
TITLE	D/VP	<input type="checkbox"/> Delete	
NAME	FOSTER-GRANT JOHN S		
STREET ADDRESS	273 SOUTH SR 7 #277		
CITY-ST-ZIP	MARGATE FL 33068		
TITLE	D/P	<input type="checkbox"/> Delete	
NAME	FOSTER-GRANT PAULINE L		
STREET ADDRESS	273 SOUTH SR 7 #277		
CITY-ST-ZIP	MARGATE FL 33068		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREEN VINNETTE		
STREET ADDRESS	273 SOUTH SR 7		
CITY-ST-ZIP	MARGATE FL 33068		
TITLE	D/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BATIST COLLEEN A		
STREET ADDRESS	273 SOUTH SR 7 #277		
CITY-ST-ZIP	MARGATE FL 33068		
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)(f), 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: PAULINE L FOSTER-GRANT D/P **06/10/2001**

CR2E037 (11/00)