

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000006917

FILED  
Apr 30, 2003  
Secretary of State

Entity Name: THE LEON CHARTER FOUNDATION, INC.

**Current Principal Place of Business:**

ATTN: JOHN A. MURPHY, ED.D.  
6711 N OCEAN RIDGE BLVD  
OCEAN RIDGE, FL 33435

**New Principal Place of Business:**

**Current Mailing Address:**

ATTN: JOHN A. MURPHY, ED.D.  
6711 N OCEAN RIDGE BLVD  
OCEAN RIDGE, FL 33435

**New Mailing Address:**

FEI Number: 01-0561346      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

POZZUOLI, EDWARD J ESQ  
C/O TRIPP SCOTT PA  
110 SE 6TH STREET 15TH FLOOR  
FORT LAUDERDALE, FL 33301 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MURPHY, JOHN A ED.D.  
Address: 6711 N OCEAN BLVD  
City-St-Zip: OCEAN RIDGE, FL 33435

Title: D ( ) Delete  
Name: STEIN, JUDITH  
Address: 1750 NE 167TH STREET  
City-St-Zip: N. MIAMI, FL 33162

Title: D ( ) Delete  
Name: ATTKISSON, FRANK  
Address: 323 PLEASANT STREET  
City-St-Zip: KISSIMMEE, FL 34741

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN MURPHY

D

04/30/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date