

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90154 035 \*\*\*\*61.25

0089386

**DOCUMENT # N93000003060**

1. Entity Name

**CENTRAL FLORIDA COMMUNITY SCHOOL, INC.**

Principal Place of Business

Mailing Address

**1450 CITRUS OAKS AVENUE  
 OCOEE FL 34761**

**P.O. BOX 817  
 GOTHA FL 34734**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Gotha FL**

4. FEI Number

**59-3022217**

Applied For

Not Applicable

Zip

Country

Zip

Country

**34734**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WRIGHT, LYNN W P.A.  
 2716 REW CIRCLE, SUITE 102  
 OCOEE FL 34761**

Name

**Alper, Harvey**

Street Address (P.O. Box Number is Not Acceptable)

**112 W. Citrus Street**

City

**Altamonte Springs**

**FL**

Zip Code

**32714**

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

*[Handwritten Signature]*  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE **1/22/02**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **PVST FLANDERS, ROBERT**  
 STREET ADDRESS **368 CYPRESS LANDING DRIVE**  
 CITY-ST-ZIP **LONGWOOD FL 32779**

Change  Addition  
 TITLE  
 NAME  
 STREET ADDRESS **5378 Brookline Drive**  
 CITY-ST-ZIP **Orlando, FL 32819**

TITLE  Delete  
 NAME **D KALISZESKI, MIKE DR.**  
 STREET ADDRESS **2730 PARK PLACE BLVD., UNIT 5**  
 CITY-ST-ZIP **MELBOURNE FL 32935**

Change  Addition  
 TITLE **D**  
 NAME **Anthony Pace**  
 STREET ADDRESS **376 Cypress Landing Drive**  
 CITY-ST-ZIP **Longwood, FL 32779**

TITLE  Delete  
 NAME **D MILLER, KELLY**  
 STREET ADDRESS **7342 WOODKNOT COURT**  
 CITY-ST-ZIP **ORLANDO FL 32835**

Change  Addition  
 TITLE **D**  
 NAME **Robert Breuning**  
 STREET ADDRESS **13525 Magnolia Park Court**  
 CITY-ST-ZIP **Windermere, FL 34786**

TITLE  Delete  
 NAME **D FLANDERS, ROWENA**  
 STREET ADDRESS **368 CYPRESS LANDING DRIVE**  
 CITY-ST-ZIP **LONGWOOD FL 32779**

Change  Addition  
 TITLE  
 NAME  
 STREET ADDRESS **5378 Brookline Drive**  
 CITY-ST-ZIP **Orlando, FL 32819**

TITLE  Delete  
 NAME **D STAMPER, BRIAN SR.**  
 STREET ADDRESS **1 EDENTON COURT**  
 CITY-ST-ZIP **OCOEE FL 34761**

Change  Addition  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D HEIRICH, EARLA**  
 STREET ADDRESS **209 SLADE DRIVE**  
 CITY-ST-ZIP **LONGWOOD FL 32750**

Change  Addition  
 TITLE **D**  
 NAME **Robert Simmons**  
 STREET ADDRESS **8835 Great Cove Drive**  
 CITY-ST-ZIP **Orlando, FL 32819**

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 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:

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **D.A. Flanders PVST**

Date

Daytime Phone #

**1/22/02**

CFR2E037 (9/01)

ATTACHMENT DOC # N930000003060

820616

Addition

Title:	D.
Name:	Bernard Durgin
Street Address:	7845 ShellbarK Drive
City-St-Zip:	Orlando, FL 32818