

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90111 003 ****70.00

DOCUMENT # N97000006979

1. Entity Name

EDVENTURE CHARTER SCHOOL INC.

Principal Place of Business

Mailing Address

**115 EAST COAST AVENUE
 HYPOLUXO FL 33462**

**115 EAST COAST AVENUE
 HYPOLUXO FL 33462**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0802918

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SQUATRITO, ANGELO V
 115 EAST COAST AVENUE
 HYPOLUXO FL 33462**

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

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 **PD SQUATRITO, ANGELO V.**
 STREET ADDRESS **171 SPYGLASS LN**
 CITY-ST-ZIP **JUPITER FL 33477**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VPD EVERHART, CANDICE L.**
 STREET ADDRESS **825 CENTER ST #4-C**
 CITY-ST-ZIP **JUPITER FL 33458**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD LANDY, PATRICK**
 STREET ADDRESS **6261 WINDCHIME PL**
 CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD GOODMAN, ROBERT**
 STREET ADDRESS **7554 CHARING CROSS LANE**
 CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D SAUNDERS, FRANKLIN**
 STREET ADDRESS **2882 CROSLEY DR W APT 102F**
 CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE Change Addition
 NAME **Dr Mike Miles**
 STREET ADDRESS **1700 South Ocean Blvd #5**
 CITY-ST-ZIP **Delray Beach FL 33483**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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)(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:

(Signature)
SIGNATURE REQUIRED

1/17/02

(561) 547-9258

CR2E037 (9/01)