

2001 UNIFORM BUSINESS REPORT (UBR)

10F2 0021804

DOCUMENT # N99000007348

1. Entity Name
KOTA CHARTER SCHOOL, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN 20 PM 2:08

Principal Place of Business Mailing Address
87 NORTH WINTER PARK 87 NORTH WINTER PARK
CASSELBERRY FL 32707 CASSELBERRY FL 32707



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DO NOT WRITE IN THIS SPACE
04-06-01 90034 037 \$61.25
4. FEI Number Applied For
59-3615493 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CONSTANTINE, NICHOLAS
87 NORTH WINTER PARK
CASSELBERRY FL 32707

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 _____ DATE _____
Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when re-registering)

**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 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
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

Attached

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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

JR/6/26

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(b), 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: *Nicholas Constantine* NICHOLAS CONSTANTINE 4-3-01 407-645-7292

CR2507 (10/00)

2052

KOTA Charter School, Inc.
N99000007348
FEI 59-3615493

10. Board of Directors:

Nicholas Constantine – Director
87 N. Casselberry, FL 32707

Cathleen E. Mark – Director
P.O. Box 574141
Orlando, FL 32857

Robert E. Mark – Director
P.O. Box 574141
Orlando, FL 32857

Dr. Larry Payne – Director
P.O. Box 574141
Orlando, FL 32857

Bill Spooone – Director
P.O. Box 574141
Orlando, FL 32857

Malone Steward – Director
P.O. Box 574141
Orlando, FL 32857

Tom Burrell – Director
P.O. Box 574141
Orlando, FL 32857

Tom Germanos – Director
P.O. Box 574141
Orlando, FL 32857

Dr. Clancy Head
P.O. Box 574141
Orlando, FL 32857

C. Norman Kent
P.O. Box 574141
Orlando, FL 32857