

FILED
Jul 08, 2002 8:00 am
Secretary of State

07-08-2002 90229 011 ****61.25

**2002 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N99000007348
 1. Entity Name
 KOTA CHARTER SCHOOL, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 87 N. WINTER PARK DRIVE
 Suite, Apt. #, etc.

3. Mailing Address
 P.O. BOX 700335
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 CASSELBERRY, FL

City & State
 ST. CLOUD, FL

4. FEI Number
 59-3615493

Applied For
 Not Applicable

Zip
 32707

Country

Zip
 34770-0335

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

**DO NOT WRITE
 IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
 CONSTANTINE, NICHOLAS

Street Address (P.O. Box Number is Not Acceptable)
 87 N. WINTER PARK DRIVE

City
 CASSELBERRY FL

Zip Code
 32707

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 (NO TL Registered Agent signature required when consenting) DATE

FEE IS \$81.85
 Initial or Amended UBR

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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	CONSTANTINE, NICHOLAS	87 N. WINTER PARK DRIVE	CASSELBERRY, FL 32707				

**DO NOT WRITE
 IN THIS SPACE**

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. 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 on an attachment with an address, with all other like empowered

SIGNATURE: *Nicholas A. Constantine* NICHOLAS CONSTANTINE 04/30/02 407 695-7292
SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR Date Dulyfiled Photo #

CR2E0078 (12/01)

Attachment # N99000007348
119239

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 Spoons – 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