

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 24, 2001 08:00 AM****Secretary of State****DOCUMENT # N00000006526****1. Entity Name**  
**THE HOMESTEAD CHARTER FOUNDATION, INC.**

<b>Principal Place of Business</b> 6245 NORTH FEDERAL HIGHWAY 5TH FLOOR ATTN: JONATHAN K. HAGE FORT LAUDERDALE FL 33308	<b>Mailing Address</b> 6245 NORTH FEDERAL HIGHWAY 5TH FLOOR ATTN: JONATHAN K. HAGE FORT LAUDERDALE FL 33308
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<b>2. Principal Place of Business</b> 6245 NORTH FEDERAL HIGHWAY	<b>3. Mailing Address</b> 6245 NORTH FEDERAL HIGHWAY
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Suite, Apt. #, etc. 5TH FLOOR	Suite, Apt. #, etc. 5TH FLOOR
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<b>City &amp; State</b> FORT LAUDERDALE FL	<b>City &amp; State</b> FORT LAUDERDALE FL
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<b>Zip</b> 33308	<b>Country</b>	<b>Zip</b> 33308	<b>Country</b>
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<b>4. FEI Number</b> <b>31-1748540</b>	<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
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<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

<b>Name</b>
<b>Street Address (P.O. Box Number is Not Acceptable)</b>
<b>City</b> <b>FL</b> <b>Zip Code</b>

**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.**

<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)	<b>02/24/2001</b> DATE
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<b>FILE NOW:</b> <b>FEE IS \$61.25</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> POZZUOLI EDWARD J 110 SE 6TH STREET 15TH FLOOR FORT LAUDERDALE FL 33301 <input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> AVINO JOAQUIN 6245 NORTH FEDERAL HIGHWAY 5TH FLOOR FORT LAUDERDALE FL 33308 <input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> HAGE JONATHAN K 6245 NORTH FEDERAL HIGHWAY 5TH FLOOR FORT LAUDERDALE FL 33308 <input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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; 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.**

<b>SIGNATURE:</b> JONATHAN K HAGE	<b>D</b>	<b>02/24/2001</b>
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)