

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000007076

FILED
Apr 22, 2002 8:00 AM
Secretary of State

Entity Name: SURVIVORS CHARTER SCHOOL, INC.

Current Principal Place of Business:

5397 WINCHESTER WOODS DRIVE
LAKE WORTH, FL 33463

New Principal Place of Business:

1310 N. CONGRESS AVENUE
WEST PALM BEACH, FL 33409

Current Mailing Address:

5397 WINCHESTER WOODS DRIVE
LAKE WORTH, FL 33463

New Mailing Address:

1310 N. CONGRESS AVENUE
WEST PALM BECH, FL 33409

FEI Number: 65-1051022

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FLAMER, MARC
5397 WINCHESTER WOODS DRIVE
LAKE WORTH, FL 33463

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: FLAMER, MARC
Address: 5397 WINCHESTER WOODS DRIVE
City-St-Zip: LAKE WORTH, FL 33463

Title: SVD () Delete
Name: STAFFORD, RANDY
Address: 799 HUFF ROAD
City-St-Zip: WEST PALM BEACH, FL 33415

Title: D () Delete
Name: SISSON, ALAN
Address: 8692 WENDY LANE EAST
City-St-Zip: WEST PALM BEACH, FL 33411

Title: D () Delete
Name: FAQUIR, HAMID
Address: 4200 SO. CONGRESS AVENUE
City-St-Zip: LAKE WORTH, FL 33463

Title: D () Delete
Name: MC VAY, WALTER
Address: 500 AUSTRALIAN AVENUE
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: CARUSO, SANDRA
Address: 3300 FOREST HILL BLVD.
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NEIL JAGOLINZER

PRES

04/22/2002

Electronic Signature of Signing Officer or Director

Date