

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

03-29-2002 91215 025 \*\*\*\*\*50.00

0016249

**DOCUMENT # L00000004447**

1. Entity Name

**K-8 EDUCATIONAL SYSTEMS, LLC**

Principal Place of Business

**7000 WEST PALMETTO PARK ROAD, SUITE 408  
BOCA RATON FL 33433**

Mailing Address

**7000 WEST PALMETTO PARK ROAD, SUITE 408  
BOCA RATON FL 33433**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-1002099**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
VS  
ASHENFELTER, MARIA  
STREET ADDRESS  
700 WEST PALMETTO PARK ROAD, STE 408  
CITY-ST-ZIP  
BOCA RATON FL 33433 ☐ DeleteTITLE  
NAME  
CFO  
COMBS, GREGORY B  
STREET ADDRESS  
700 WEST PALMETTO PARK ROAD, STE 408  
CITY-ST-ZIP  
BOCA RATON FL 33433 ☐ DeleteTITLE  
NAME  
CP  
KONOVER, SIMON  
STREET ADDRESS  
700 WEST PALMETTO PARK ROAD, STE 408  
CITY-ST-ZIP  
BOCA RATON FL 33433 ☐ DeleteTITLE  
NAME  
T  
MIRRIONE, KRISTEN M  
STREET ADDRESS  
700 WEST PALMETTO PARK ROAD, STE 408  
CITY-ST-ZIP  
BOCA RATON FL 33433 ☐ DeleteTITLE  
NAME  
V  
ODED, REUVEN  
STREET ADDRESS  
700 WEST PALMETTO PARK ROAD, STE 408  
CITY-ST-ZIP  
BOCA RATON FL 33433 ☐ DeleteTITLE  
NAME  
AS  
SILVAY, SANDRA G  
STREET ADDRESS  
342 NORTH MAIN STREET, STE 200  
CITY-ST-ZIP  
WEST HARTFORD CT 06117 ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)