

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0000070

DOCUMENT # L00000004447

1. Entity Name

K-8 EDUCATIONAL SYSTEMS, LLC



FILED

2003 APR -8 PM 4:13

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

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 & State

City & State

4. FEI Number 65-1002099

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE VS ☐ Delete  
NAME ASHENFELTER, MARIA  
STREET ADDRESS 700 WEST PALMETTO PARK ROAD, STE 408  
CITY-ST-ZIP BOCA RATON FL 33433

TITLE Senior Vice President, Secretary ☒ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

000015469100  
04/08/03--01045--005 \*\*50.00

TITLE CFO ☐ Delete  
NAME COMBS, GREGORY B  
STREET ADDRESS 700 WEST PALMETTO PARK ROAD, STE 408  
CITY-ST-ZIP BOCA RATON FL 33433

TITLE Executive Vice President, COO ☒ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

Gregory V. Combs

TITLE CP ☐ Delete  
NAME KONOVER, SIMON  
STREET ADDRESS 700 WEST PALMETTO PARK ROAD, STE 408  
CITY-ST-ZIP BOCA RATON FL 33433

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME MIRRIONE, KRISTEN M  
STREET ADDRESS 700 WEST PALMETTO PARK ROAD, STE 408  
CITY-ST-ZIP BOCA RATON FL 33433

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☒ Delete  
NAME ODED, REUVEN  
STREET ADDRESS 700 WEST PALMETTO PARK ROAD, STE 408  
CITY-ST-ZIP BOCA RATON FL 33433

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE AS ☒ Delete  
NAME SILVAY, SANDRA G  
STREET ADDRESS 342 NORTH MAIN STREET, STE 200  
CITY-ST-ZIP WEST HARTFORD CT 06117

TITLE Assistant Secretary ☐ Change ☒ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

Susan A. Janiak  
342 N. Main St., Ste 200  
West Hartford, CT 06117

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.

Gregory V. Combs,

Executive VP, COO

SIGNATURE:

*Gregory V. Combs*  
4/4/03

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

Date

Daytime Phone #

CR2E083 (10/02)