

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000001486

1. Entity Name

THE SAGEMONT VIRTUAL SCHOOL, LLC

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90581 021 \*\*\*\*55.00

Principal Place of Business

1570 TOWN CENTER CIRCLE  
WESTON FL 33326

Mailing Address

1570 TOWN CENTER CIRCLE  
WESTON FL 33326

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1081399

Applied For

Not Applicable

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

FINEBERG, LIBO B  
3500 GATEWAY DRIVE, SUITE 201  
POMPANO BEACH FL 33069

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

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	SAGEMONT CORP.	1570 TOWN CENTER CIRCLE	WESTON FL 33326	<input type="checkbox"/>
MGRM	FINEBERG, LIBO B	3500 GATEWAY DRIVE, SUITE 201	POMPANO BEACH FL 33069	<input type="checkbox"/>
MGRM	GOLDMAN, RICHARD	1570 TOWN CENTER CIRCLE	WESTON FL 33326	<input type="checkbox"/>
MGRM	GOLDMAN, RENEE	1570 TOWN CENTER CIRCLE	WESTON FL 33326	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

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:

*Renee K. Goldman*

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

Renee K. Goldman  
Member/Manager

Date

Daytime Phone #

4-29-02 954-384-5454

CP2E083 (9/01)