

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 24, 2001 08:00 AM****Secretary of State****DOCUMENT # N00000006486****1. Entity Name**

THE OSCEOLA CHARTER FOUNDATION, INC.

Principal Place of Business6245 NORTH FEDERAL HIGHWAY 5TH FLOOR
ATTN: JONATHAN K. HAGE
FORT LAUDERDALE FL 33308**Mailing Address**6245 NORTH FEDERAL HIGHWAY 5TH FLOOR
ATTN: JONATHAN K. HAGE
FORT LAUDERDALE FL 33308**2. Principal Place of Business**

6245 NORTH FEDERAL HIGHWAY

3. Mailing Address

6245 NORTH FEDERAL HIGHWAY

Suite, Apt. #, etc.

5TH FLOOR

Suite, Apt. #, etc.

5TH FLOOR

City & State

FORT LAUDERDALE FL

City & State

FORT LAUDERDALE FL

Zip

33308

Country

Zip

33308

Country

4. FEI Number**31-1748546**

Applied For

Not Applicable

5. Certificate of Status Desired**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentPOZZUOLI EDWARD JESQ
C/O TRIPP SCOTT PA
110 SE 6TH ST 15TH FLOOR
FORT LAUDERDALE FL 33301 US**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 reinstalling)

02/24/2001

DATE

FILE NOW:**FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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.

SIGNATURE: JONATHAN K HAGE**D****02/24/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)