

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jun 07, 2001 08:00 AM****Secretary of State****DOCUMENT # N00000007076**1. Entity Name
SURVIVORS CHARTER SCHOOL, INC.Principal Place of Business
5397 WINCHESTER WOODS DRIVE
LAKE WORTH FL 33463
Mailing Address
5397 WINCHESTER WOODS DRIVE
LAKE WORTH FL 334632. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1051022
Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required**6. Name and Address of Current Registered Agent****FLAMER MARC**
5397 WINCHESTER WOODS DRIVE
LAKE WORTH FL 33463**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 _____ **06/07/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) 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	CARUSO SANDRA	
STREET ADDRESS	3300 FOREST HILL BLVD.	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	D	<input type="checkbox"/> Delete
NAME	MC VAY WALTER	
STREET ADDRESS	500 AUSTRALIAN AVENUE	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	D	<input type="checkbox"/> Delete
NAME	FAQUIR HAMID	
STREET ADDRESS	4200 SO. CONGRESS AVENUE	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	D	<input type="checkbox"/> Delete
NAME	SISSON ALAN	
STREET ADDRESS	8692 WENDY LANE EAST	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	STAFFORD RANDY	
STREET ADDRESS	799 HUFF ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	FLAMER MARC	
STREET ADDRESS	5397 WINCHESTER WOODS DRIVE	
CITY-ST-ZIP	LAKE WORTH FL 33463	

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
NAME	
STREET ADDRESS	
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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	

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: Marc Flamer PTD **06/07/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)