

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90971 006 ****61.25

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1. Entity Name

CAMBRIDGE EDUCATIONAL ACADEMY CHARTER SCHOOL, INC.



Principal Place of Business

1515 N FEDERAL HWY

BOCA RATON FL 33432

Mailing Address

1515 N FEDERAL HWY

BOCA RATON FL 33432

2. Principal Place of Business

7887 N. Federal Hwy

3. Mailing Address

Suite, Apt. #, etc.

City & State

BOCA RATON

City & State

Zip

33487

Country

Zip

Country

4. FEI Number 65-1114129

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BEASLEY, TIMOTHY M

5224 SAPPHERE VALLEY DR

BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name

JEFFREY B. HAHN

Street Address (P.O. Box Number is Not Acceptable)

1515 N. Federal Hwy - 300

City

BOCA RATON

FL

Zip Code

33432

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	TETREAUH, DIANNE L	
STREET ADDRESS	5234 SAPPHERE VALLEY	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAHN, JEFFREY	
STREET ADDRESS	1515 N FEDERAL HWY	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	D	<input type="checkbox"/> Delete
NAME	GLANNAN, SUSAN	
STREET ADDRESS	9007 BOCA GARDENS CIR SO	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TETREAUH, CONSUMER	
STREET ADDRESS	21454 SWEETWATER LN SO	
CITY-ST-ZIP	BOCA RATON FL 33428	
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
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	
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)(i), 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:

SIGNATURE REQUIRED

2/21/03

CR2E037 (10/02)