

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000003687

1. Entity Name

CHARTER SCHOOLS OF BOYNTON BEACH, INC.

Principal Place of Business

C/O PAMELA B. OWENS
10182 BROOKSVILLE LANE
BOCA RATON FL 33428

Mailing Address

C/O PAMELA B. OWENS
P.O. BOX 2597
BOCA RATON FL 33427

2. Principal Place of Business

3625 So. Federal Hwy

3. Mailing Address

Suite, Apt. #, etc.

City & State

Boynton Beach

City & State

Zip

33435

Country

Country

Zip

4. FEI Number

65-1057099

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

OWENS, PAMELA B
10182 BROOKSVILLE LANE
BOCA RATON FL 33428

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 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
Department of State

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME OWENS, PAMELA B
STREET ADDRESS 10182 BROOKSVILLE LANE
CITY-ST-ZIP BOCA RATON FL 33428

Delete

TITLE Director
NAME Emily Nell Lagerquist
STREET ADDRESS 6580 ALTURA PLACE
CITY-ST-ZIP BOCA RATON, FL 33433

Change

Addition

TITLE D
NAME OWENS, WAYNE L
STREET ADDRESS 10182 BROOKSVILLE LANE
CITY-ST-ZIP BOCA RATON FL 33428

Delete

TITLE Director
NAME BRIAN ROSS
STREET ADDRESS 3519 PINE HAVEN CIRCLE
CITY-ST-ZIP BOCA RATON, FL 33431

Change

Addition

TITLE D
NAME HOLCOMB, GLENN
STREET ADDRESS 9475 LISTOW TERRACE
CITY-ST-ZIP BOYNTON BEACH FL 33437

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE D
NAME BLAKEMORE, DOROTHEA
STREET ADDRESS 2360 WHISPERING OAKS LANE
CITY-ST-ZIP DELRAY BEACH FL 33445

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

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:

Emily Nell Lagerquist
President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90035 031 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

4/22/02 561-488-5501
Date Daytime Phone #