

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
 05-14-2002 90035 031 ****70.00

DOCUMENT # NO1000003687

1. Entity Name

CHARTER SCHOOLS OF BOYNTON BEACH, INC.

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

3625 So. Federal Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boynton Beach

City & State

Zip
33435

Country

Zip

Country

4. FEI Number

65-1057099

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OWENS, PAMELA B
10182 BROOKSVILLE LANE
BOCA RATON FL 33428

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** ☐ Delete
 NAME **OWENS, PAMELA B**
 STREET ADDRESS **10182 BROOKSVILLE LANE**
 CITY-ST-ZIP **BOCA RATON FL 33428**

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

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

TITLE **DIRECTOR** ☐ Change ☒ Addition
 NAME **BRIAN ROSS**
 STREET ADDRESS **3519 PINE HAVEN CIRCLE**
 CITY-ST-ZIP **BOCA RATON, FL 33431**

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02 561-488-5501

Date

Daytime Phone #

CR2E037 (9/01)