2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000003687

Entity Name: CHARTER SCHOOLS OF BOYNTON BEACH, INC.

FILED Jan 18, 2003 Secretary of State

New Principal Place of Business:

3625 S. FEDERAL HWY

BOYNTON BEACH, FL 33435

801 NORTH CONGRESS AVENUE
SUITE # 483

BOYNTON BEACH, FL 33426

Current Mailing Address: New Mailing Address:

 C/O PAMELA B. OWENS
 C/O PAMELA B. OWENS

 P.O. BOX 2597
 P.O. BOX 272597

 BOCA RATON, FL 33427
 BOCA RATON, FL 33427

FEI Number: 65-1057099 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

OWENS, PAMELA B

10182 BROOKSVILLE LANE

BOCA RATON, FL 33428 US

0WENS, PAMELA B

801 NORTH CONGRESS AVENUE

SUITE #483

BOYNTON BEACH, FL 33426 US

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: 01/18/2003

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition Name: OWENS, PAMELA B Name: BREWSTER, ELEANOR

Address: 10182 BROOKSVILLE LANE
City-St-Zip: BOCA RATON, FL 33428

Address: 10182 BROOKVILLE LANE
City-St-Zip: BOCA RATON, FL 33428 US

Title: D () Delete Title: D (X) Change () Addition Name: OWENS, WAYNE L Name: WATHEY-LEE, CAROLYN

Address: 10182 BROOKSVILLE LANE Address: 325 NW 15TH STREET
City-St-Zip: BOCA RATON, FL 33428 City-St-Zip: DELRAY BEACH, FL 33444 US

Title: D () Delete Title: () Change () Addition Name: HOLCOMB, GLENN Name:

Address: 9475 LISTOW TERRACE Address: City-St-Zip: BOYNTON BEACH, FL 33437 City-St-Zip:

Title: D () Delete Title: C (X) Change () Addition Name: LAGERQUIST, EMILY N Name: LAGERQUIST, EMILY N

 Name:
 LAGERQUIST, EMILY N
 Name:
 LAGERQUIST, EMILY N

 Address:
 6580 ALTURA PL.
 6580 ALTURA PL.

 City-St-Zip:
 BOCA RATON, FL 33433
 City-St-Zip:
 BOCA RATON, FL 33433

Title: D (X) Delete Title: () Change () Addition

 Name:
 ROSS, BRIAN
 Name:

 Address:
 3519 PINE HAVEN CIRCLE
 Address:

 City-St-Zip:
 BOCA RATON, FL 33431
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELEANOR BREWSTER MS. 01/18/2003