

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000005638

FILED
Apr 30, 2003
Secretary of State

Entity Name: THE POLK CHARTER FOUNDATION, INC.

Current Principal Place of Business:

6245 NORTH FEDERAL HIGHWAY, 5TH FLOOR
FORT LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

6245 NORTH FEDERAL HIGHWAY, 5TH FLOOR
FORT LAUDERDALE, FL 33308

New Mailing Address:

FEI Number: 65-1135697

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POZZUOLI, EDWARD J ESQ.
C/O TRIPP SCOTT, P.A.
110 S.E. 6TH STREET, 15TH FLOOR
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HAGE, JONATHAN K
Address: 6245 NORTH FEDERAL HIGHWAY, 5TH FLOOR
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: VD () Delete
Name: MARINER, JONATHAN D
Address: 6245 NORTH FEDERAL HIGHWAY, 5TH FLOOR
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: D () Delete
Name: ARNDT, LISA
Address: 6245 NORTH FEDERAL HIGHWAY, 5TH FLOOR
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: D () Delete
Name: O'SHEA, TIM
Address: 909 WINDSOR STREET
City-St-Zip: LAKE LAND, FL 33801

Title: D () Delete
Name: BURCHFIELD, RON
Address: 902 HIGHWAY 27 NORTH
City-St-Zip: HAINES CITY, FL 33844

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: JONATHAN K. HAGE

P/D

04/30/2003

Electronic Signature of Signing Officer or Director

Date