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

DOCUMENT # N0100006321

1. Entity Name

CENTRAL BRADENTON CHARTER SCHOOL CORPORATION



FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90180 026 ****61.25

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311 10 AVE DRIVE WEST 31			311 10	ng Address D AVE DRIVE WEST ENTON FL 34205				Literijër en apre	, , , , , , , , , , , , , , , , , , ,	. 88448 84488 11448 14	8\$1 (18) (50)	
2. Principal Place of Business 3. M.				Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			Ċ	City & State				4. FEI Number 65-1153213 Applied For Not Applicable				
Zip	Country			р,	intry		5. Certificate of Status Desired \$8.75 Additional Fee Required			ditional		
6. Name and Address of Current Register				ed Agent				7. Name and Address of New Registered Agent				
GOLDEN, JAMES T 311 10 AVE DRIVE WEST BRADENTON FL 34205						Name Street Address (P.O. Box Number is Not Acceptable)						
				City					F	Zip Cod	e	
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												
	Signature, typeu	or printed harre or registered agent	яно кие и ар	pricable. (NOTE:	Registered	I Ageni signature i	required	witen tellistating)	DAI			
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 DIF	RECTORS		11.		A	DDITIONS/CHANGES	TO OFFICERS AND	DIRECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete			•			☐ Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete		1				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		CIA I LANE EAST DN FL 34208		☐ Delete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		1				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		i				☐ 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:

4/30/2003

941-742-2116