

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

FILED
May 06, 2003 8:00 am
Secretary of State
05-06-2003 90028 045 ****61.25

0023807

DOCUMENT # NO1000007099

1. Entity Name

CHARTER FOUNDATION OF EAST ORANGE COUNTY, INC.



Principal Place of Business

**100 SE 2ND STREET, SUITE 2800
MIAMI FL 33131**

Mailing Address

**100 SE 2ND STREET, SUITE 2800
MIAMI FL 33131**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~KTO&S REGISTERED AGENT CORPORATION,
100 S.E. 2ND STREET, SUITE 2800
MIAMI FL 33131~~

7. Name and Address of New Registered Agent

Name

Oscar Welch

Street Address (P.O. Box Number is Not Acceptable)

9712 Pleasance Circle

City

Windemere

FL

Zip Code

34786

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

Oscar Welch

4-30-03

Signature, typed or printed name of registered agent and date 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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P, D** ☐ Delete
NAME **WELCH, OSCAR**
STREET ADDRESS **100 SE 2ND STREET, SUITE 2800**
CITY-ST-ZIP **MIAMI FL 33131**
9712 Pleasance Circle Windemere FL 34786

TITLE **D** ☐ Delete
NAME **KENNEDY, ART**
STREET ADDRESS **100 SE 2ND STREET, SUITE 2800**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **D** ☐ Delete
NAME **CLARK, CLEVELAND**
STREET ADDRESS **100 SE 2ND STREET, SUITE 2800**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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:

Oscar Welch **REQUIRE OSCAR WELCH**

4/30/03

407-532-2190

CR2E037 (10/02)