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

DOCUMENT # N02000006394

1. Entity Name

SUMMIT CHARTER SCHOOL, WEST CAMPUS, INC.



FILED Jan 17, 2003 8:00 am Secretary of State 01-17-2003 90121 045 ****61.25

					i i	GOO WE THE				
Principal Place of Business 5101 DENSON DR DRLANDO FL 32808			6101	Mailing Address 6101 DENSON DR ORLANDO FL 32808					90004	905
2. Principal Place of Business				3. Mailing Address						
Suite, Apt. #, etc.				Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State				City & State			4. FEI Number 32-0016575 Applied For			
				Only a Grate			4. FEI Number 32.	-0016575	 - 2 -	ot Applicable
Zip	<u>}</u>	Country Zip			Country		5. Certificate of Status Desired \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent							7. Name and Addr	ess of New Regist		
	· . •					Name '			-	
GLUCKMAN, KENNETH 1416 HOLLY GLEN RUN						Street Address (P.O. Box Number is Not Acceptable)				
APOPKA FL 32703								*****		·
	20				+	City			FL Zip Co	de
A The abov	e named entit	v submits this state	ment for the pur	oce of changing its	rogistorog	Loffice or regist	ered agent, or both, in the	no Ctato of Florida		
the oblig	ations of règis	tered agent.	mont for the pur	social changing its	registered	office of Tegist	ered agent, or bottl, in the	ne State of Florida.	ranı ianınai wili	i, and accept
,	:									
SIGNATURE	-	or printed name of registe								
<u>'</u>	Signature, typec	or printed name or registe	rec agent and title if ap	pricable. (NOTE	:: Hegistered	Agent signature requir	ed when reinstating)		DATE	
FILE NOW, FEE IS 301.25					ampaign Financing Contribution.		\$5.00 May Be Added to Fees	i.00 May Be Make Check Payable to Fees Florida Department of State		
10.	•	OFFICERS A	AND DIRECTORS		11.		ADDITIONS/CHANGE	S TO OFFICERS AN	ID DIRECTORS II	N 10
TITLE	D			☐ Delete	TITLE		ADDITIONO/OTIANGE	O TO OFFICE TO AIR	☐ Change	Addition
IAME	SMOLOW				NAME		•		<u> </u>	
TREET ADDRESS	10.0.0					ADDRESS				
CITY-ST-ZIP	ORLANDO	FL 32808			CITY-S	T-ZIP	, ,			
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AME	THOMAS,	JOSEPH		Delete	NAME				☐ Change	Addition
TREET ADDRESS					STREET	ADDRESS				
ITY-ST-ZIP	ORLANDO	FL 32808	<u>. </u>		CITY-S	T-ZIP				
	D			☐ Delete	CITY-S TITLE	T-ZIP		** * ***	☐ Change	Addition
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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 X

13/03