

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001549

1. Entity Name

THE CHANCE CHARTER SCHOOL PROJECT, INC.

**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90067 028 \*\*\*\*70.00

Principal Place of Business

Mailing Address

14210 N.W. 146TH TERRACE  
ALACHUA FL 32616  
US

P.O. BOX 579  
ALACHUA FL 32607-1609  
US

2. Principal Place of Business

209 NW 75th St

Suite, Apt. #, etc.

3. Mailing Address

209 NW 75th St

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Gainesville FL

City & State

Gainesville FL

4. FEI Number

59-3447975

Applied For

Not Applicable

Zip 32607

Country USA

Zip 32607

Country USA

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MUTCH, SAMUEL

2190 N.W. 43RD STREET

SUITE 100

GAINESVILLE FL 32607-2107

Name

Jackie Garrett

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

5751 NW 7th Ave

City

Gainesville

FL

Zip Code

32607

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.

SIGNATURE

Jackie Garrett

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-20-2000

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  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
GARRETT, JACKQUELYN L  
5751 NW 7TH AVE  
GAINESVILLE FL 32607-2107 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

O  
Barnes, Phillip K  
4920 NW 18th Ave  
Gainesville FL 32605 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
KUHN, LESLIE  
4317 NW 76TH TERR  
GAINESVILLE FL 32606 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
Surrency Sharon  
1701 SW 10th Ave  
Gainesville FL 32608 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
LANE, RUSSELL E  
3301 SW ARCHER RD #11C  
GAINESVILLE FL 32608 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
MCCOY, ELIZABETH L.  
6931 N.W. 18TH AVE.  
GAINESVILLE FL 32605 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
SARKIS, DR. ELIAS  
529 N.W. 60TH STREET  
GAINESVILLE FL 32607 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
ZEISMER, WILLENE  
5426 SW 78TH TERR  
GAINESVILLE FL 32608 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ 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:

Jackie Garrett

1-20-2000

332 877

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #