

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90165 026 ****61.25

DOCUMENT # N97000006824

1. Entity Name

COMMUNITY HIGH SCHOOL OF NORTH TAMPA, INC.

Principal Place of Business

Mailing Address

3000 NATIONS BANK PLAZA
400 NORTH ASHLEY DRIVE
TAMPA FL 33602

3000 NATIONS BANK PLAZA
400 NORTH ASHLEY DRIVE
TAMPA FL 33602

2. Principal Place of Business

3. Mailing Address

400 North Ashley Plaza
Suite, Apt. #, etc.
Suite 3000

400 North Ashley Plaza
Suite, Apt. #, etc.
Suite 3000

City & State

City & State

Tampa, Florida

Tampa, Florida

Zip

Country

Zip

Country

33602-4331

33602-4331



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3483935

Applied For

Not Applicable

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

SOLOMON, STANFORD R
3000 NATIONS BANK PLAZA
400 NORTH ASHLEY DRIVE
TAMPA FL 33602

Name
Stanford R. Solomon

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

400 North Ashley Plaza

Suite 3000

City

Tampa

FL

Zip Code

33602-4331

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

Stanford R. Solomon

Stanford R. Solomon

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

(NOTE: Registered Agent signature required when reinstating)

04/10/01

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 D ☐ Delete
NAME FOX, ALLAN
STREET ADDRESS 13928 PEPPERRELL DR
CITY-ST-ZIP TAMPA FL 33624

TITLE D T ☐ Change ☒ Addition
NAME David Bekhor
STREET ADDRESS 3505 Berger Road
CITY-ST-ZIP Lutz, Florida 33549

TITLE D ☐ Delete
NAME KANTER, MARY
STREET ADDRESS 19521 MICHIGAN AVE
CITY-ST-ZIP ODESSA FL 33556

TITLE D ☐ Change ☒ Addition
NAME Kenneth Novak
STREET ADDRESS 6012 Soaring Avenue
CITY-ST-ZIP Tampa, Florida 33617

TITLE D ☐ Delete
NAME HAGENAU, PAUL
STREET ADDRESS 2220 COLLIER PKWY
CITY-ST-ZIP LAND O LAKES FL 34639

TITLE D ☐ Change ☒ Addition
NAME Sabrina E. Spencer
STREET ADDRESS 16406 Brieva de Avila
CITY-ST-ZIP Tampa, Florida 33613-1064

TITLE D ☐ Delete
NAME GREENSTEIN, JOHNATHAN PHD
STREET ADDRESS 4144 N ARMENIA AVE STE 375
CITY-ST-ZIP TAMPA FL 33607

TITLE D ☐ Change ☒ Addition
NAME Howard Sinsley
STREET ADDRESS 904 S. Westshore Boulevard
CITY-ST-ZIP Tampa, Florida 33629

TITLE PD ☐ Delete
NAME STANFORD, SOLOMON R
STREET ADDRESS 3000 NATIONS BANK PLAZA 400 N ASHLEY DR
CITY-ST-ZIP TAMPA FL 33602-4331

TITLE D ☐ Change ☒ Addition
NAME Donald White, M.D.
STREET ADDRESS 18417 Bittern Avenue
CITY-ST-ZIP Lutz, Florida 33549

TITLE VPD ☐ Delete
NAME WENDLEK, RICHARD
STREET ADDRESS 2220 COLLIER PKWY
CITY-ST-ZIP LAND O LAKES FL 34639

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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/10/01

(813) 225-1818

CR2E037 (10/00)