

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001877

1. Entity Name

DEVON CHARTER SCHOOL, INC.

**FILED**  
**Feb 23, 2000 8:00 am**  
**Secretary of State**

02-23-2000 90013 025 \*\*\*\*61.25

Principal Place of Business      Mailing Address  
% DEVEREUX FOUNDATION.5850 T.G. LEE BLVD.      % DEVEREUX FOUNDATION.5850 T.G. LEE BLVD.  
STE.400      STE.400  
ORLANDO FL 32822      ORLANDO FL 32822

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3507032

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

BECKER, MICHAEL C  
5850 T.G. LEE BLVD  
SUITE #400  
ORLANDO FL 32822

Name

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

City

FL

Zip Code

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

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                              |                                 |
|----------------|------------------------------|---------------------------------|
| TITLE          | P                            | <input type="checkbox"/> Delete |
| NAME           | BURD, RONALD P               |                                 |
| STREET ADDRESS | 444 DEVERWUX DRIVE           |                                 |
| CITY-ST-ZIP    | VILLANOVA PA 19085           |                                 |
| TITLE          | VPRD                         | <input type="checkbox"/> Delete |
| NAME           | KELLEY, SUSAN E              |                                 |
| STREET ADDRESS | P.O. BOX 3028                |                                 |
| CITY-ST-ZIP    | ORLANDO FL 32801             |                                 |
| TITLE          | VPCO                         | <input type="checkbox"/> Delete |
| NAME           | GRONO, WALTER J              |                                 |
| STREET ADDRESS | 444 DEVEREUX DRIVE           |                                 |
| CITY-ST-ZIP    | VILLANOVA PA 19085           |                                 |
| TITLE          | D                            | <input type="checkbox"/> Delete |
| NAME           | HARTSFIELD, MARY             |                                 |
| STREET ADDRESS | 2328 HARRY T MOORRE BLVD     |                                 |
| CITY-ST-ZIP    | MIMIS FL 32854               |                                 |
| TITLE          | ED                           | <input type="checkbox"/> Delete |
| NAME           | BECKER, MICHAEL C            |                                 |
| STREET ADDRESS | 5850 T.G. LEE BLVD, STE #400 |                                 |
| CITY-ST-ZIP    | ORLANDO FL 32822             |                                 |
| TITLE          | STMA                         | <input type="checkbox"/> Delete |
| NAME           | RAMSEY, WALT                 |                                 |
| STREET ADDRESS | 200 SOUTH ORANGE AVENUE      |                                 |
| CITY-ST-ZIP    | ORLANDO FL 32801             |                                 |

|                |                               |  |
|----------------|-------------------------------|--|
| TITLE          |                               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | 444 Devereux Drive            |  |
| STREET ADDRESS |                               |  |
| CITY-ST-ZIP    |                               |  |
| TITLE          | VC                            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Leonard J. Hartman            |  |
| STREET ADDRESS | 5850 T.G. Lee Blvd. Ste. #100 |  |
| CITY-ST-ZIP    | Orlando, FL 32822             |  |
| TITLE          |                               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Larry Dale                    |  |
| STREET ADDRESS | P.O. Box 1788                 |  |
| CITY-ST-ZIP    | Sanford, FL 32772-1788        |  |
| TITLE          |                               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                               |  |
| STREET ADDRESS | 2328 Harry T Moore Blvd.      |  |
| CITY-ST-ZIP    | Mims, FL 32854                |  |
| TITLE          |                               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Melody O'Connor               |  |
| STREET ADDRESS | 8 West Evans Street           |  |
| CITY-ST-ZIP    | Orlando, FL 32804             |  |
| TITLE          |                               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Nancy Lloyd                   |  |
| STREET ADDRESS | P.O. Box 161904               |  |
| CITY-ST-ZIP    | Altamonte Springs, FL 32716   |  |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/00 4078124555  
Date Daytime Phone #

CR2E037 (9/99)