

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N98000001877**

1. Entity Name

**DEVON CHARTER SCHOOL, INC.****FILED**  
**Jan 19, 2001 8:00 am**  
**Secretary of State**

01-19-2001 90001 002 \*\*\*61.25

0091143

Principal Place of Business

%DEVEREUX FDTN 5850 TG LEE BLVD  
STE.400  
ORLANDO FL 32822

Mailing Address

%DEVEREUX FDTN 5850 TG LEE BLVD  
STE.400  
ORLANDO FL 32822

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; 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

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

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*Michael C Becker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/4/01 4078124553

CR2E037 (10/00)