

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001877

1. Entity Name

DEVON CHARTER SCHOOL, INC.

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90049 039 ****61.25

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

00043714



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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 ☐ Delete
NAME **P**
STREET ADDRESS **BURD, RONALD P**
CITY-ST-ZIP **444 DEVEREUX DR
VILLANOVA PA 19085**

TITLE ☐ Delete
NAME **VPRD**
STREET ADDRESS **KELLEY, SUSAN E**
CITY-ST-ZIP **P.O. BOX 3028
ORLANDO FL 32801**

TITLE ☐ Delete
NAME **VPCO**
STREET ADDRESS **GRONO, WALTER J**
CITY-ST-ZIP **444 DEVEREUX DRIVE
VILLANOVA PA 19085**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **HARTSFIELD, MARY**
CITY-ST-ZIP **2328 HARRY T MOORE BLVD
MIMIS FL 32854**

TITLE ☐ Delete
NAME **ED**
STREET ADDRESS **BECKER, MICHAEL C**
CITY-ST-ZIP **5850 T.G. LEE BLVD, STE #400
ORLANDO FL 32822**

TITLE ☐ Delete
NAME **STMA**
STREET ADDRESS **RAMSEY, WALT**
CITY-ST-ZIP **200 SOUTH ORANGE AVENUE
ORLANDO FL 32801**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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STREET ADDRESS
CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

407-812
4555