

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002935

1. Entity Name

JOSEPH LITTLES/NGUZO SABA CHARTER SCHOOL, INC.

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90029 034 ****61.25

Principal Place of Business
2105 N AUSTRALIAN AVE
W. PALM BCH FL 33407
US

Mailing Address
PO BOX 4215
W. PALM BCH FL 33402-4215
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number
65-0869595
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

GEUKA, AMEFIKA D
807 S. MAGNONIA CIR.
W. PALM BCH FL 33401

Name
GEUKA, AMEFIKA D.
Street Address (P.O. Box Number is Not Acceptable)
1920 Embassy Drive
City
West Palm Beach FL Zip Code
33401-1003

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 NAME STREET ADDRESS CITY-ST-ZIP	DBC BRENNEN, MICHAEL 5208 VAN BUREN RD DELRAY BEACH FL 33484 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10010 Boynton Place Circle Boynton Beach, Fl. 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD DAWSON, BETTYE T 4128 WAVERLY DR WEST PALM BEACH FL 33407 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Treasurer HAZARD, ROBERT 107 East Tiffany Drive, Apt. 3 West Palm Beach, Fl. 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ESD GEUKA, AMEFIKA D 807 S MANGONIA CIRCLE WEST PALM BEACH FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1920 Embassy Drive
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SIMMONS, ELEATHEA S 1601 WEST 35TH ST RIVIERA BEACH FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Robinson, Felisa A. Parent Representative 1233 45th Street, #5 West Palm Beach, Fl. 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCOTT, RICHARD REV 2927 EMBASSY DR WEST PALM BEACH FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Vice-Chairman
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Amefika D. Geuka 2/9/00 (561) 841-1633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)