

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002935

1. Entity Name

JOSEPH LITTLES/NGUZO SABA CHARTER SCHOOL, INC.

Principal Place of Business

2105 N AUSTRALIAN AVE
W. PALM BCH FL 33407
US

Mailing Address

PO BOX 4215
W. PALM BCH FL 33402
US

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

03-12-2001 90017 002 ****61.25

128343



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5829 Corporate Way

Suite, Apt. #, etc.

2nd Floor

City & State

West Palm Beach, Florida

Zip

33407

Country

USA

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

GEUKA, AMEFIKA D
1920 EMBASSY DRIVE
WEST PALM BEACH FL 33401-1003

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	DBC	<input type="checkbox"/> Delete
NAME	BRENNEN, MICHAEL	
STREET ADDRESS	10010 BOYNTON PLACE CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	T	<input type="checkbox"/> Delete
NAME	HAZARD, ROBERT	
STREET ADDRESS	107 E. TIFFANY DRIVE APT 3	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	ESD	<input type="checkbox"/> Delete
NAME	GEUKA, AMEFIKA D	
STREET ADDRESS	1920 EMBASSY DR	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	PR	<input type="checkbox"/> Delete
NAME	ROBINSON, FELISA A	
STREET ADDRESS	1233 45TH ST #5	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	VC	<input type="checkbox"/> Delete
NAME	SCOTT, RICHARD REV	
STREET ADDRESS	2927 EMBASSY DR	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

135 Meadowlands Drive
Royal Palm Beach, Fl. 33411

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/08/01 (561) 689-9970

Date

Daytime Phone #

CR2E037 (10/00)