2000 UNIFORM BUSINESS REPORT (UBR)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Entity Name

THE CENTRAL CHARTER SCHOOL FOUNDATION, INC.

Principal Place of Business	Mailing Address
4525 N. STATE ROAD 7 LAUDERDALE LAKES FL 33319	4525 N. STATE ROAD 7 LAUDERDALE LAKES FL 33319-5855

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 APPLIED FOR ☐ 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
CALLOWAY, SIDNEY C 200 EAST BROWARD BLVD. STE. 2000 FORT LAUDERDALE FL 33301	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 Rosa J. Lawson, Ed.D. President 2/1/00
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	D KENNEDY, ART 2701 W. OAKLAND PARK BLVD. STE. 200 FT. LAUDERDALE FL 33311	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C KENNEDY, ART 4525 N. State Road 7 Lauderdale Lakes, FL 33319	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAWSON, ROSA J 2701 W. OAKLAND PARK BLVD. STE. 200 FT. LAUDERDALE FL 33311	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAWSON, ROSA J 4525 N. State Road 7 Lauderdale Lakes, FL 33319	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEST, CHARLES 500 EAST BROWARD BLVD. STE. 100 FORT LAUDERDALE FL 33394	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T WEST, CHARLES 4525 N. State Road 7 Lauderdale Lakes, FL 33319	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOORE, CARLTON 6555 POWERLINE ROAD SUITE 214 FORT LAUDERDALE FL 33309	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CALLOWAY, SIDNEY C 4525 N. State Road 7 Lauderdale Lakes, FL 33319	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POITIER, SYLVIA 115 S ANDREWS AVE FT LAUDERDALE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POITIER, SYLVIA 4525 N. State Road 7 Lauderdale Lakes, FL 33319	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BUCKLEY, DAVID MD 1322 BRICKELL DR FT LAUDERDALE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BURRELL, ANTHONY Rev. 4525 N. State Road 7 Lauderdale Lakes, FL 33319	☒ Change ☒ Addition SP

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: Rosa J. Lawson, Ed.D. President/CEO 2/1/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2

Form **SS-4**
(Rev. February 1998)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

▷ Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)
CENTRAL CHARTER SCHOOL FOUNDATION

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name
Rosa J. Lawson

4a Mailing address (street address) (room, apt., or suite no.)
4525 N State Rd 7

5a Business address (if different from address on lines 4a and 4b)
SAME

4b City, state, and ZIP code
Lauderdale Lakes, FL 33319

5b City, state, and ZIP code

6 County and state where principal business is located
Broward County, Florida

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ▶
Art Kennedy

8a Type of entity (Check only one box.) (see instructions)
Caution: *If applicant is a limited liability company, see the instructions for line 8a*

- ☐ Sole proprietor (SSN) ___-__-____
- ☐ Partnership
- ☐ REMIC
- ☐ State/local government
- ☐ Church or church-controlled organization
- ☒ Other nonprofit organization (specify) ▶ Charitable Edu Activities
- ☐ Other (specify) ▶
- ☐ Personal service corp.
- ☐ National Guard
- ☐ Farmers' cooperative
- ☐ Estate (SSN of decedent) ___-__-____
- ☐ Plan administrator (SSN) ___-__-____
- ☐ Other corporation (specify) ▶
- ☐ Trust
- ☐ Federal government/military
- (enter GEN if applicable)

8b If a corporation, name the state or foreign country (if applicable) where incorporated — State: FLORIDA — Foreign country:

9 Reason for applying (Check only one box.) (see instructions)
- ☒ Started new business (specify type) ▶
- ☐ Hired employees (Check the box and see line 12.)
- ☐ Created a pension plan (specify type) ▶
- ☒ Banking purpose (specify purpose) ▶
- ☐ Changed type of organization (specify new type) ▶
- ☐ Purchased going business
- ☐ Created a trust (specify type) ▶
- ☐ Other (specify) ▶

10 Date business started or acquired (month, day, year) (see instructions)
12/31/98

11 Closing month of accounting year (see instructions)
June 30th

12 First date wages or annuities were paid or will be paid (month, day, year). Note: *If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)* ▶ N/A

13 Highest number of employees expected in the next 12 months. Note: *If the applicant does not expect to have any employees during the period, enter -0-.* (see instructions) ▶

Nonagricultural	Agricultural	Household
N/A	N/A	N/A

14 Principal activity (see instructions) ▶ CHARTER SCHOOL- Charitable Educational Activities

15 Is the principal business activity manufacturing? ☐ Yes ☒ No
If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check one box. ☐ Business (wholesale) ☒ N/A
☐ Public (retail) ☐ Other (specify) ▶

17a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No
Note: *If "Yes," please complete lines 17b and 17c.*

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ▶ Trade name ▶

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year) | City and state where filed | Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)
(954) 733-2800

Art Kennedy, President

Fax telephone number (include area code)
(954) 735-9444

Name and title (Please type or print clearly.) ▶

Signature ▶ Art Kennedy Date ▶

Note: *Do not write below this line. For official use only.*

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying

2

Central Charter School

d/b/a Assistance Unlimited, Inc.
4525 North State Road 7
Lauderdale Lakes, FL 33319
Tel (954) 735-6295
Fax (954) 735-6232

We are proud. We are strong.
We are growing.

March 9, 2000

Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

SUBJECT: THE CENTRAL CHARTER SCHOOL FOUNDATION

Reference Number: **N98000007214**

In response to your letter dated 2/17/00, enclosed is a copy of our application for the Federal Employer Identification (FEI) number.

If any further information is required, please contact us.

Very sincerely,

Rosa J. Lawson, Director
CENTRAL CHARTER SCHOOL FOUNDATION

RJL:jj