

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001902

1. Entity Name

CYBER HIGH CHARTER SCHOOL, INC.

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90135 010 \*\*\*\*61.25

Principal Place of Business

1660 WEST AIRPORT BLVD  
SANFORD FL 32773

Mailing Address

1660 WEST AIRPORT BLVD  
SANFORD FL 32773

00037991



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3571946

Applied For

Not Applicable

Zip

Country

Zip

Country

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

RACHMAN, LEANA  
2650 DANIELLE DR.  
OVIEDO FL 32765

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME RACHMAN, LEONA  
STREET ADDRESS 2650 DANIELLE DR.  
CITY-ST-ZIP OVIEDO FL 32765

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

TITLE D ☐ Delete  
NAME HART, LINDA  
STREET ADDRESS 759 LAKE KATHRYN CIR  
CITY-ST-ZIP CASSELBERRY FL 32707

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

TITLE D ☐ Delete  
NAME EVANS, LESLIE  
STREET ADDRESS 5980 WESTGATE DR.  
CITY-ST-ZIP ORLANDO FL 32835

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

TITLE D ☐ Delete  
NAME TALBERT, JAMES DR.  
STREET ADDRESS 445 N WYMORE RD.  
CITY-ST-ZIP WINTER PARK FL

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

TITLE ☐ Delete  
NAME David Rodas  
STREET ADDRESS 13809 Roverpath Group Dr.  
CITY-ST-ZIP ORL FL 32826

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

TITLE ☐ Delete  
NAME  
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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/13/01 407  
324-1212

CR2E037 (10/00)