

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90446 023 ****61.25

DOCUMENT # N99000001902

1. Entity Name

CYBER HIGH CHARTER SCHOOL, INC.

Principal Place of Business

Mailing Address

~~1660 WEST AIRPORT BLVD~~
SANFORD FL 32773

~~1660 WEST AIRPORT BLVD~~
SANFORD FL 32773
2720 West 25th St.

2. Principal Place of Business

3. Mailing Address

Cyber High Charter School, INC
 Suite, Apt. #, etc.
 City & State

2720 West 25th St.
 Suite, Apt. #, etc.
 City & State
Sanford, FL

Zip

Country

Zip

Country

32773

USA

4. FEI Number

59-3571946

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

RACHMAN, LEONA
2650 DANIELLE DR.
OVIDO FL 32765

Leona

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

4/9/02

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

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

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

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

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

TITLE ☐ Change ☒ Addition
 NAME *David Rodes*
 STREET ADDRESS *13809 Riverpath Grme Dr*
 CITY-ST-ZIP *Orl. Fla 32826*

TITLE ☐ Delete
 NAME **D 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
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME *Moshe Elbagz*
 STREET ADDRESS *160 Ib15 Rd*
 CITY-ST-ZIP *Longwood, Fla 32779*

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/9/02

CR2E037 (9/01)