

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90075 047 ****50.00

DOCUMENT # L00000012636

1. Entity Name

PPS CHARTER SCHOOLS, LLC ✓

Principal Place of Business

**3801 WEST SUNRISE BLVD.
 FT. LAUDERDALE FL 33311**

Mailing Address

**3801 WEST SUNRISE BLVD.
 FT. LAUDERDALE FL 33311**

956452

2. Principal Place of Business

1000 North Federal Highway

3. Mailing Address

1000 North Federal Highway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pompano Beach, Florida

City & State

Pompano Beach, Florida

4. FEI Number

65-1047315

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**HUMPHRIES, J. GREGORY
 SHUTTS & BOWEN LLP
 300 S ORANGE AVENUE, SUITE 1000
 ORLANDO FL 32801-4956**

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 \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**PSDC
 SMITH, PHILIP P
 3801 W SUNRISE BLVD
 FT LAUDERDALE FL 33311**

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**MGRM/P/S
 Smith, Philip P
 1000 North Federal Highway
 Pompano Beach, Florida 33062.**

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**TASC
 DAYHOFF, MICHAEL R
 3801 W SUNRISE BLVD
 FT LAUDERDALE FL 33311**

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**MGRM/T/AS
 Dayhoff, Michael R
 1000 North Federal Highway
 Pompano Beach, Florida 33062**

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE
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Change Addition

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Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Michael R. Dayhoff
Michael R. Dayhoff

954-867-1234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)