

L01000021420

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000021420

1. Entity Name

BAYARD RUSTIN CHARTER SCHOOL, LLC

FILED

02 JUN 25 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Attn: Stacey Newton

Suite, Apt. #, etc.

521 Fifth Avenue

City & State

New York, New York

Zip

10175

Country

USA

3. Mailing Address

Attn: Stacey Newton

Suite, Apt. #, etc.

521 Fifth Avenue

City & State

New York, New York

Zip

10175

Country

USA

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4. FEI Number

13-3915075

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

City

Plantation

FL

Zip Code
33324

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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.

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MGRM

Edison Schools Inc.

521 Fifth Avenue

New York, NY 10175

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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*****55.00 *****55.00

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IN THIS SPACE

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.

Julie A. S. Williamson

SIGNATURE:

Authorized Representative

6/24/02

(305) 374-5600

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

Date

Daytime Phone #

CR2E083B (12/01)