

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # LUL000021420	
1. Entity Name Bayard Rustin Charter School, LLC	

FILED
 03 JUL -1 PM 3:17
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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2. Principal Place of Business 2200 Biscayne Blvd. Suite, Apt. #, etc.:	3. Mailing Address 2200 Biscayne Blvd. Suite, Apt. #, etc.:
City & State Miami	City & State Miami
Zip 33137	Country Dade

300021390193
 07/08/03--01046--014 **50.00

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DO NOT WRITE IN THIS SPACE	4. FEI Number 13-3915075			
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 2px;">Applied For</td> <td style="width: 20%; padding: 2px;">Not Applicable</td> </tr> </table>	Applied For	Not Applicable	
Applied For	Not Applicable			
	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
	7. Name and Address of Current Registered Agent			
	Name NRAI SERVICES INC.			
	Street Address (P.O. Box Number is Not Acceptable) 526 E. Park Avenue			
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 2px;">City Tallahassee</td> <td style="width: 20%; padding: 2px;">FL</td> <td style="width: 20%; padding: 2px;">Zip Code 32301</td> </tr> </table>	City Tallahassee	FL	Zip Code 32301
City Tallahassee	FL	Zip Code 32301		

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Judith Johnson* **NRAI Asst Sec** DATE 07/01/03

Signature, typed or printed name of registered agent and title if applicable.

	FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1	
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9. MANAGING MEMBERS/MANAGERS			
TITLE		TITLE	
NAME	Chairman	NAME	
STREET ADDRESS	Benno C. Schmidt, Jr.	STREET ADDRESS	
CITY - ST - ZIP	521 Fifth Avenue, NY, NY 10175	CITY - ST - ZIP	
TITLE		TITLE	
NAME	President and CEO	NAME	
STREET ADDRESS	H. Christopher Whittle	STREET ADDRESS	
CITY - ST - ZIP	521 Fifth Avenue, NY, NY 10175	CITY - ST - ZIP	
TITLE		TITLE	
NAME	Secretary	NAME	
STREET ADDRESS	Laura K. Eshbaugh	STREET ADDRESS	
CITY - ST - ZIP	550 Main St, Suite 366, Knoxville, TN 37902	CITY - ST - ZIP	
TITLE		TITLE	
NAME	CFO	NAME	
STREET ADDRESS	Adam Feild	STREET ADDRESS	
CITY - ST - ZIP	521 Fifth Avenue, NY, NY 10175	CITY - ST - ZIP	
TITLE		TITLE	
NAME	Executive Vice President	NAME	
STREET ADDRESS	John Chubb	STREET ADDRESS	
CITY - ST - ZIP	521 Fifth Avenue, NY, NY 10175	CITY - ST - ZIP	
TITLE		TITLE	
NAME	General Counsel	NAME	
STREET ADDRESS	David A. Graff	STREET ADDRESS	
CITY - ST - ZIP	521 Fifth Avenue, NY, NY 10175	CITY - ST - ZIP	

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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.

SIGNATURE: *Laura Eshbaugh* **Laura Eshbaugh** DATE 6-30-03

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

CR2E0835 (12/02)