

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L98000002083

FILED  
Apr 25, 2002 8:00 AM  
Secretary of State

**Entity Name:** CHARTER SCHOOLS USA AT NORTH LAUDERDALE, L.C.

**Current Principal Place of Business:**

6245 NORTH FEDERAL HIGHWAY  
FIFTH FLOOR  
FORT LAUDERDALE, FL 33308

**New Principal Place of Business:**

**Current Mailing Address:**

6245 NORTH FEDERAL HIGHWAY  
FIFTH FLOOR  
FORT LAUDERDALE, FL 33308

**New Mailing Address:**

**FEI Number:** 65-0872459

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

POZZUOLI, EDWARD  
110 S.E. 6TH STREET, 15TH FLOOR  
FORT LAUDERDALE, FL 33301 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: CHARTER SCHOOLS USA,, INC.  
Address: 6245 NORTH FEDERAL HIGHWAY, FIFTH FLOOR  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: MGR ( ) Delete  
Name: HAGE, JONATHAN K  
Address: 6245 NORTH FEDERAL HIGHWAY, FIFTH FLOOR  
City-St-Zip: FORT LAUDERDALE, FL 33308

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JONATHAN K HAGE

MGR

04/25/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date