

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 24, 2001 08:00 AM****Secretary of State****DOCUMENT # L99000002699****1. Entity Name**  
SCHOOL FOOD SERVICES, L.C.

<b>Principal Place of Business</b> 10430 W. ATLANTIC BLVD.  CORAL SPRINGS FL 33071	<b>Mailing Address</b> 10430 W. ATLANTIC BLVD.  CORAL SPRINGS FL 33071
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<b>2. Principal Place of Business</b>  Suite, Apt. #, etc.  City & State  Zip Country	<b>3. Mailing Address</b> C/O CHARTER SCHOOLS USA, INC.  Suite, Apt. #, etc. 6245 NORTH FEDERAL HIGHWAY, 5TH FLOOR  City & State FORT LAUDERDALE FL  Zip Country 33308
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<b>4. FEI Number</b> <b>65-0936345</b>	<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
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DO NOT WRITE IN THIS SPACE

<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  POZZUOLI EDWARD J 110 S.E. 6TH STREET, 15TH FLOOR  FT. LAUDERDALE FL 33301 US
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<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code
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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.**

<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	<b>02/24/2001</b> DATE
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**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

<b>9. MANAGING MEMBERS / MEMBERS</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> RYAN THOMAS 5022 NW 82 TERR. CORAL SPRINGS FL 33067 <input checked="" type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> RYAN SHERRY M 5022 NW 82 TERR. CORAL SPRINGS FL 33067 <input checked="" type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> HAGE JONATHAN K 2617 NE 26 AVENUE FORT LAUDERDALE FL 33305 <input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

<b>10. ADDITIONS / CHANGES</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> HAGE JONATHAN K 6245 NORTH FEDERAL HIGHWAY, 5TH FLOOR FORT LAUDERDALE FL 33308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.**

<b>SIGNATURE:</b> JONATHAN K HAGE	<b>MGM</b>	<b>02/24/2001</b>
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)