2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State
02-07-2002 90320 025 ****70.00

DOCUMENT # N50336

1. Entity Name

NEW GATE SCHOOL, INC.

Principal Place of Business	Mailing Address
5237 ASHTON RD SARASOTA FL 34233	5237 ASHTON RD SARASOTA FL 34233

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0358841 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCGRATH LORNA 5237 ASHTON RD. SARASOTA FL 34233	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 $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BRADLEY, STEVE	NAME	
STREET ADDRESS	1901 MORRILL ST	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34236	CITY-ST-ZIP	
TITLE	~~PD~~ ☒ Delete	TITLE	T ☐ Change ☒ Addition
NAME	~~MAHANEY, WILLIAM D~~	NAME	SUSAN CAVANAUGH
STREET ADDRESS	~~243 GREENCOVE RD~~	STREET ADDRESS	7152 SADDLE CREEK CIRCLE
CITY-ST-ZIP	~~VENICE FL~~	CITY-ST-ZIP	SARASOTA FL 34241
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CLOUD, JOHN	NAME	
STREET ADDRESS	3920 RED ROCK WAY	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34231	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MCGRATH, LORNA	NAME	
STREET ADDRESS	12523 ROCKROSE GLEN	STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34202	CITY-ST-ZIP	
TITLE	VD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GALLAGHER, CHRISTOPHER	NAME	
STREET ADDRESS	1725 CHEYENNE ST.	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34231	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	PRESIDENT/CHAIRMAN/DIR ☒ Change ☐ Addition
NAME	DOUGHERTY, BARBARA	NAME	
STREET ADDRESS	7825 SANDERLING RD.	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34242	CITY-ST-ZIP	

CR2E037 (9/01)

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED V.P. 1-17-02 941-922-4949
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #