

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000001107

1. Entity Name

NEW SYSTEM SCHOOL, INC.

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**

06-05-2000 90043 020 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2228 N RANCH RD  
MURFREESBORO TN 37129

2228 N RANCH RD  
MURFREESBORO TN 37129-5828

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

62-1506699

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

ESTEN, HOWARD W.  
3761 NW 18TH CIR  
OKEECHOBEE FL 34972-8852

Name

VIRGINIA FLORES

Street Address (P.O. Box Number is Not Acceptable)

209 MARSHALL DR., NE

City

FT. WALTON BEACH

FL

Zip Code

32547

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

*Mrs. Virginia Flores*

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

(NOTE: Registered Agent signature required when reinstating)

5/22/2000

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 PD ☐ Delete  
NAME RIAL, PHIL  
STREET ADDRESS 1021 SEINE DR  
CITY-ST-ZIP LAKE ST CHARLES MD 63367

TITLE PRESIDENT ☒ Change ☐ Addition  
NAME PHIL RIAL  
STREET ADDRESS 5449 WALDON RD  
CITY-ST-ZIP CLARKSTON, MI 48348

TITLE VD ☐ Delete  
NAME MYERS, STAN  
STREET ADDRESS 2228 N RANCH RD  
CITY-ST-ZIP MURFREESBORO TN 37129

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME FEUCHT, EDITH  
STREET ADDRESS 122 RICHLAND DR  
CITY-ST-ZIP PULASKI TN 38478

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME NEWTON, MIKE  
STREET ADDRESS 1812 NIXON AVE  
CITY-ST-ZIP HUNTSVILLE AL 35811

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Stanley M. Myers*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-16-2000 615-849-3464

CR2E037 (9/99)