

2002 UNIFORM BUSINESS REPORT (UBR)

0017059

DOCUMENT # F96000001107

1. Entity Name

NEW SYSTEM SCHOOL, INC.

Principal Place of Business

2228 N RANCH RD
MURFREESBORO TN 37129

Mailing Address

2228 N RANCH RD
MURFREESBORO TN 37129

2. Principal Place of Business

3. Mailing Address

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

FLORES, VIRGINIA
209 MARSHALL DRIVE, NE
FORT WALTON BEACH FL 32547

Name

HOWARD W. ESTEY

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

7529 N.W. 90th Court

City

OKEECHOBEE

FL

Zip Code

34912

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

Howard W. Estey

HEAD MASTER

10-7-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

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
NAME RIAL, PHIL
STREET ADDRESS 5449 WALDRON RD
CITY-ST-ZIP CLARKSTON MI 48348 ☐ Delete

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

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

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

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

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

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

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

TITLE P
NAME RIAL, PHIL
STREET ADDRESS 5449 WALDON ROAD
CITY-ST-ZIP CLARKSTON MI 48348 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STANLEY MYERS
REQUIRE

10-4-02

10-4-02

CR2E037 (4/02)

FILED
02 OCT 11 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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