

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 25, 2003 8:00 am**  
**Secretary of State**

08-25-2003 90104 049 \*\*\*\*61.25

**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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**ESTEY, HOWARD W  
7529 NW 90TH COURT  
OKEECHOBEE FL 34972**

*New address  
to right*

7. Name and Address of New Registered Agent

Name

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

**2690 NE 11th ST**

City

**Okeechobee**

**FL**

Zip Code

**34972**

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, Howard W. Estey*

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

(NOTE: Registered Agent signature required when reinstating)

**8-14-03**

DATE

**FILE NOW: FEE IS \$61.25**  
**After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	RIAL, PHIL	
STREET ADDRESS	5449 WALDRON RD	
CITY-ST-ZIP	CLARKSTON MI 48348	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MYERS, STAN	
STREET ADDRESS	2228 N RANCH RD	
CITY-ST-ZIP	MURFREESBORO TN 37129	
TITLE	T	<input type="checkbox"/> Delete
NAME	FEUCHT, EDITH	
STREET ADDRESS	122 RICHLAND DR	
CITY-ST-ZIP	PULASKI TN 38478	
TITLE	D	<input type="checkbox"/> Delete
NAME	MYERS, MARY A	
STREET ADDRESS	2228 N RANCH RD	
CITY-ST-ZIP	MURFREESBORO TN 37129	
TITLE	P	<input type="checkbox"/> Delete
NAME	RIAL, PHIL	
STREET ADDRESS	5449 WALDON ROAD	
CITY-ST-ZIP	CLARKSTON MI 48348	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

*Howard W. Estey*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-15-03**

Date

**615-849-3464**

Daytime Phone #

CR2E037 (4/03)

017227