

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90259 025 ***150.00

0517862 A1

DOCUMENT # F99000004925

1. Entity Name

NEW CHAPTER, INC.

Principal Place of Business

**22 HIGH ST. 4TH FLOOR
 BRATTLEBORO VT 05302**

Mailing Address

**P.O. BOX 1947
 BRATTLEBORO VT 05302**

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

03-0301418

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so. ☒
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME **DCEO**
 STREET ADDRESS **SCHULICK, PAUL**
 CITY-ST-ZIP **222 KIPLING RD
 BRATTLEBORO VT 05301**

TITLE ☐ Delete
 NAME **DP**
 STREET ADDRESS **NEWMARK, THOMAS M**
 CITY-ST-ZIP **36 COLONIAL HILLS DR
 SAINT LOUIS MO 63141**

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **LEWIS, HERB**
 CITY-ST-ZIP **47 HALLIWELL DR.
 STAMFORD CT 06902**

TITLE ☐ Delete
 NAME **STD**
 STREET ADDRESS **AUSTIN, RUTH**
 CITY-ST-ZIP **RR 1 BOX BOX 291
 PUTNEY VT 05346**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MEDVE, JAKOB**
 CITY-ST-ZIP **8251 MARYLAND AVE.
 ST. LOUIS MO 63105**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **JOHNSON, ALAN**
 CITY-ST-ZIP **7733 FORSYTH BLVD.
 ST. LOUIS MO 63105**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **JOHNSON, ALAN**
 CITY-ST-ZIP **325 HIGHWAY DD
 DEFIANCE, MO 63341**

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **DR RICHARD SARNET**
 CITY-ST-ZIP **2926 WILMETT AVENUE
 WILMETT, IL 60091**

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

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

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

802-257-0018

CR2E034 (9/01)