

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1000001295

1. Entity Name

ISLAND MIDDLE SCHOOL, INC.

Principal Place of Business

502 MAGNOLIA
AVE
ANNA MARIA FL 34216

Mailing Address

P.O. BOX 1849
ANNA MARIA FL 34216

2. Principal Place of Business

206 85th St.

Suite, Apt. #, etc.

3. Mailing Address

206 85th St.

Suite, Apt. #, etc.

City & State

Holmes Beach, FL

Zip

34217

Country

City & State

Holmes Beach, FL

Zip

34217

Country

4. FEI Number

65-1086878

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

WEBB, CHARLES H
502 MAGNOLIA
AVE
ANNA MARIA FL 34216

Name

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

501 D Manatee Ave

City

Holmes Beach

FL

Zip Code

34217

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

4/29/02

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

TITLE D ☐ Delete
NAME WEST, MARLENE
STREET ADDRESS 938 SANDPIPER CIR
CITY-ST-ZIP BRADENTON FL 34209

TITLE D ☒ Delete
NAME HUTCHESON, NORANNE B
STREET ADDRESS 105 4TH ST S
CITY-ST-ZIP BRADENTON BCH FL 34217

TITLE D ☐ Delete
NAME FORTENBERRY, PAMELA E
STREET ADDRESS 5807 IMPERIORE AVE
CITY-ST-ZIP HOLMES BCH FL 34217

TITLE D ☒ Delete
NAME HOWARD, DOROTHY E
STREET ADDRESS 513 71ST ST
CITY-ST-ZIP HOLMES BCH FL 34217

TITLE D ☒ Delete
NAME KOSFELD, SCOTT
STREET ADDRESS 3909 E BAY DR STE 100
CITY-ST-ZIP HOLMES BCH FL 34217

TITLE D ☒ Delete
NAME POWERS, TRACEY E
STREET ADDRESS 514 56TH ST
CITY-ST-ZIP HOLMES BCH FL 34217

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition
NAME Bassett, Scott
STREET ADDRESS 2407 89th St. NW
CITY-ST-ZIP Bradenton, FL 34209

TITLE D/C/P ☐ Change ☒ Addition
NAME John Monetti
STREET ADDRESS 2702 Avenue C
CITY-ST-ZIP Bradenton Beach, FL 34217

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

TITLE D/V ☐ Change ☒ Addition
NAME Webb, Charles H.
STREET ADDRESS 502 Magnolia Ave.
CITY-ST-ZIP Anna Maria, FL 34216

TITLE D ☐ Change ☒ Addition
NAME Holmstrom, Kimberly
STREET ADDRESS 2416 Avenue C
CITY-ST-ZIP Bradenton Beach, FL 34217

TITLE D/S ☐ Change ☒ Addition
NAME Jennis, Cindy
STREET ADDRESS 5607 Guava St.
CITY-ST-ZIP Holmes Beach, FL 34217

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

Date

941-778-7054

Daytime Phone #

CR2E037 (9/01)