

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

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90106 005 \*\*\*\*\*61.25

**DOCUMENT # NO1000001295**

1. Entity Name

**ISLAND MIDDLE SCHOOL, INC.**



Principal Place of Business

**206 85TH STREET  
BRADENTON BEACH FL 34217**

Mailing Address

**206 85TH STREET  
BRADENTON BEACH FL 34217**

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 **65-1086878**

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

**WEBB, CHARLES H  
501-D MANATEE AVENUE  
BRADENTON BEACH FL 34217**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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  
Florida 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 **BASSETT, SCOTT**  
STREET ADDRESS **2407 89TH STREET N.W.**  
CITY-ST-ZIP **BRADENTON FL 34209**

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

TITLE **DCP** ☐ Delete  
NAME **MONETTI, JOHN**  
STREET ADDRESS **2702 AVENUE "C"**  
CITY-ST-ZIP **BRADENTON BEACH FL 34217**

TITLE **DV** ☐ Delete  
NAME **WEBB, CHARLES H**  
STREET ADDRESS **502 MAGNOLIA AVENUE**  
CITY-ST-ZIP **ANNA MARIA FL 34216**

TITLE **D** ☐ Delete  
NAME **HOLMSTROM, KIMBERLY**  
STREET ADDRESS **2416 AVENUE "C"**  
CITY-ST-ZIP **BRADENTON BEACH FL 34217**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **DIC/P** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE **D** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE **D/T** ☒ 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:

*Scott Bassett*

**Scott Bassett**  
President

4/29/03

941-778-  
5200

CR2E037 (10/02)