

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

0014684

DOCUMENT # N02000007157

1. Entity Name

THE NEWARTS SCHOOL COMPANY



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 SEP 23 PM 3:36

Principal Place of Business

200 GOODLETTE ROAD SOUTH UNIT 13  
NAPLES FL 34102

Mailing Address

200 GOODLETTE ROAD SOUTH UNIT 13  
NAPLES FL 34102

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

STUDIO 12

Suite, Apt. #, etc.

STUDIO 12

City & State

City & State

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

56-2294209

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WATSON, MAUREEN M  
200 GOODLETTE ROAD SOUTH UNIT 13  
NAPLES FL 34102

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  
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  
NAME WATSON, MAUREEN M  
STREET ADDRESS 507 7 AVE NORTH  
CITY-ST-ZIP NAPLES FL 34102 ☐ Delete

TITLE VD  
NAME JEFFCOAT, HOLLIS G  
STREET ADDRESS 507 7 AVE NORTH  
CITY-ST-ZIP NAPLES FL 34102 ☐ Delete

TITLE D  
NAME MANN, FRANKLIN B JR  
STREET ADDRESS 1708 HILL AVE  
CITY-ST-ZIP FT MYERS FL 33901 ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 600023307636  
CITY-ST-ZIP 09/24/03--01065--025 \*\*61.25

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

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ 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:

*Maureen M. Watson*

8/29/03

239-643-1296

CR2E037 (4/03)