

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90129 014 \*\*\*\*61.25

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**DOCUMENT # N98000002117**

1. Entity Name

**NEW MIDDLE SCHOOL, INC.**

Principal Place of Business

2313 NEBRASKA AVENUE  
 PALM HARBOR FL 34683

Mailing Address

2313 NEBRASKA AVENUE  
 PALM HARBOR FL 34683

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3521601**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TORRENCE, ALFRED W JR**  
**6645 RIDGE ROAD**  
**PORT RICHEY FL 34668**

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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<input type="checkbox"/> Delete				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
T	LATVALA, JACK SEN	109 PHILLIPS WAY	INDIAN BLUFFS ISLAND FL	Trustee/Director	Latvala, Jack Senator		
D	<input type="checkbox"/> Delete				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
D	MAY, VICKI	932 ROYAL BIRKDALE DRIVE	PALM HARBOR FL 34683	Trustee/Director	May, Vicki		
D	<input type="checkbox"/> Delete				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
D	PANETTA, MICHAEL	2717 SEVILLE BLVD	CLEARWATER FL 33764	Secretary, Director	Panetta, Michael		
	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
				Vice-President/Director	Sheppard, Patrick J. 4180 14th Street N.E. St. Petersburg, FL 33703		
	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
				Treasurer/Director	Koulianos, John M. 1020 Peninsula Avenue Tarpon Springs, FL 34689		
	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
				President/Director	Varkas, Christine 1570 E. Lake Woodlands Pkwy Oldsmar, FL 34677		

CR2E037 (10/00)

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: *Christine Varkas, Pres*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-09

Date Daytime Phone #