

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002117

1. Entity Name

NEW MIDDLE SCHOOL, INC.

FILED

May 22, 2002 8:00 am
Secretary of State

05-22-2002 90090 050 ****61.25

Principal Place of Business

Mailing Address

2313 NEBRASKA AVENUE
PALM HARBOR FL 34683

2313 NEBRASKA AVENUE
PALM HARBOR FL 34683

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

59-3521601

Applied For

Not Applicable

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 T/D ☐ Delete
NAME LATVALA, JACK S
STREET ADDRESS 109 PHILLIPS WAY
CITY-ST-ZIP INDIAN BLUFFS ISLAND FL

TITLE D ☐ Change ☒ Addition
NAME HOUSH GHOVAEE
STREET ADDRESS 304 SOUTH BELCHER RD
CITY-ST-ZIP CLEARWATER-FL 33765

TITLE T/D ☐ Delete
NAME MAY, VICKI
STREET ADDRESS 932 ROYAL BIRKDALE DRIVE
CITY-ST-ZIP PALM HARBOR FL 34683

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

TITLE SD ☐ Delete
NAME PANETTA, MICHAEL
STREET ADDRESS 2717 SEVILLE BLVD
CITY-ST-ZIP CLEARWATER FL 33764

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

TITLE VPD ☐ Delete
NAME SHEPPARD, PATRICK J
STREET ADDRESS 4180 14TH STREET N.E.
CITY-ST-ZIP SAINT PETERSBURG FL 33703

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

TITLE TD ☐ Delete
NAME KOULIANOS, JOHN M
STREET ADDRESS 1020 PENINSULA AVENUE
CITY-ST-ZIP TARPON SPRINGS FL 34689

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

TITLE PD ☐ Delete
NAME VARKAS, CHRISTINE
STREET ADDRESS 1570 E. LAKE WOODLANDS PKWY
CITY-ST-ZIP OLDSMAR FL 34677

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)