

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90169 043 \*\*\*\*61.25

**DOCUMENT # N98000006380**

1. Entity Name

**PRECISION SCHOOL, INC.**

Principal Place of Business

Mailing Address

4111 WEBBER ST  
 SARASOTA FL 34232  
 US

~~3619 ALOHA DRIVE~~ **27 Tucker Ave**  
 SARASOTA FL 34232-~~1361~~

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0889740**

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

**WHITMIRE, JOHN M**  
**3619 ALOHA DRIVE**  
**SARASOTA FL 34232**

Name

**DR FAITH KURTZ**

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

**27 TUCKER AVE**

**SARASOTA**

City

**FL**

Zip Code

**34232**

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

*Dr. Faith Kurtz*

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

(NOTE: Registered Agent signature required when reinstating)

**4/30/2000**

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	PCD	<input type="checkbox"/> Delete
NAME	WHITMIRE, JOHN M	
STREET ADDRESS	3619 ALOHA DRIVE	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WHITMIRE, GAYLE H	
STREET ADDRESS	3619 ALOHA DRIVE	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	KURTZ, FAITH	
STREET ADDRESS	27 TUCKER AVENUE	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	D	<input type="checkbox"/> Delete
NAME	KURTZ, RANDY	
STREET ADDRESS	27 TUCKER AVENUE	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES T. KALYVAS	
STREET ADDRESS	3213 BENEVA RD, #101	
CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONNIE HERNANDEZ	
STREET ADDRESS	3072 EDEN MILLS DR	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	<del>CONNIE HERNANDEZ</del> D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JORGE HERNANDEZ	
STREET ADDRESS	3072 EDEN MILLS DR	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARK MAMBERT	
STREET ADDRESS	275 HERON'S RUN DR #702	
CITY-ST-ZIP	SARASOTA FL 34232	

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:

*John M Whitmire*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/27/00**

Date

**941-371-1448**

Daytime Phone #