

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006380

1. Entity Name

PRECISION SCHOOL, INC.

Principal Place of Business

4111 WEBBER ST
SARASOTA FL 34232
US

Mailing Address

27 TUCKER AVE
SARASOTA FL 34232

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

65-0889740

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KURTZ, FAITH DR.
27 TUCKER AVE
SARASOTA FL 34232

7. Name and Address of New Registered Agent

Name Kurtz, Faith Dr.

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

2310 Wells Avenue

City

Sarasota, FL

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)

DATE

4/22/01

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

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	WHITMIRE, JOHN M	
STREET ADDRESS	3619 ALOHA DRIVE	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	CD	<input 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	D	<input type="checkbox"/> Delete
NAME	KALYAVAS, JAMES T	
STREET ADDRESS	3213 BENEVA RD #101	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HERNANDEZ, CONNIE	
STREET ADDRESS	3072 EDEN MILLS DR	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mark Mambert	
STREET ADDRESS	27 Tucker Ave	
CITY-ST-ZIP	Sarasota, FL 34232	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mark Pruitt	
STREET ADDRESS	2393 Seattle Slew Drive	
CITY-ST-ZIP	Sarasota, FL 34240	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sissy Pruitt	
STREET ADDRESS	2393 Seattle Slew Drive	
CITY-ST-ZIP	Sarasota, FL 34240	
TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Faith Kurtz	
STREET ADDRESS	2310 Wells Avenue	
CITY-ST-ZIP	Sarasota, FL 34232	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Randy Kurtz	
STREET ADDRESS	2310 Wells Avenue	
CITY-ST-ZIP	Sarasota, FL 34232	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Dr. Faith Kurtz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/01

Date

(941) 342-7402

Daytime Phone #

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE