

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2000 8:00 am
Secretary of State
 01-13-2000 90047 044 ***150.00

DOCUMENT # P96000056558

1. Entity Name
THE NEW SCHOOL OF ORLANDO, INC.

Principal Place of Business Mailing Address
130 EAST MARKS ST 130 E MARKS ST
ORLANDO FL 32803 ORLANDO FL 32803-3817
US

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 **59-3395353** 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

MORRISON, WILLIAM H ESQ.
7100 SO. US HIGHWAY 17-92
FERN PARK FL 32730

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	SORIN, MORRIS	
STREET ADDRESS	106 RED BAY DRIVE	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SORIN, KAREN H	
STREET ADDRESS	106 RED BAY DRIVE	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, ZULMA	
STREET ADDRESS	696 RUNNING BEAR CT	
CITY-ST-ZIP	WINTER SPGS FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BARU, ETTY	
STREET ADDRESS	108 BRIDGEWAY CIRCLE	
CITY-ST-ZIP	LONGWOOD FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Morris Sorin* **MORRIS SORIN** 1/6/2000 407-246-0556
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)