

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N97000005454**

1. Entity Name

MONTESSORI PARENT TEACHER ORGANIZATION, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90010 005 ****61.25

Principal Place of Business

Mailing Address

**1230 BANANA RIVER DRIVE
 INDIAN HARBOR BEACH FL 32937**

**P O BOX 372465
 SATELLITE BEACH FL 32937-0465**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3469914

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAMPBELL, MARYJO
 542 CARRIAGE CIRCLE
 SATELLITE BEACH FL 32937**

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 Delete
 NAME **D SHEIKH, DEBORAH**
 STREET ADDRESS **245 STEWART DRIVE**
 CITY-ST-ZIP **MERRITT ISLAND FL 32952**

TITLE Change Addition
 NAME **D CLEVENS, DANI**
 STREET ADDRESS **10350 S. TROPICAL TRAIL**
 CITY-ST-ZIP **MERRITT ISLAND, FL 32952**

TITLE Delete
 NAME **D STERNBERG, TERESA**
 STREET ADDRESS **1705 OLD GLORY BLVD**
 CITY-ST-ZIP **VIERA FL 32940**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T CAMPBELL, MARYJO**
 STREET ADDRESS **542 CARRIAGE CIRCLE**
 CITY-ST-ZIP **SATELLITE BEACH FL 32937**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D BERHORST, WENDY**
 STREET ADDRESS **3885 S TROPICAL TRAIL**
 CITY-ST-ZIP **MERRITT ISLAND FL 32952**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Maryjo Campbell* **MARYJO CAMPBELL** Co-Treasurer 3/22/2000 321-713-9185
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)