

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90003 047 ****61.25

DOCUMENT # N97000005454

1. Entity Name
MONTESSORI PARENT TEACHER ORGANIZATION, INC.

Principal Place of Business Mailing Address
1230 BANANA RIVER DRIVE P O BOX 372465
INDIAN HARBOR BEACH FL 32937 SATELLITE BEACH FL 32937

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3469914** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
CAMPBELL, MARYJO
542 CARRIAGE CIRCLE
SATELLITE BEACH FL 32937

7. Name and Address of New Registered Agent
 Name **Yvonne A Banapoor**
 Street Address (P.O. Box Number is Not Acceptable)
3660 Turtle mound Rd
 City **Melbourne** FL Zip Code **32934**

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 *Y A Banapoor* (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 NAME SHEIKH, DEBORAH STREET ADDRESS 245 STEWART DRIVE CITY-ST-ZIP MERRITT ISLAND FL 32952	<input checked="" type="checkbox"/> Delete	TITLE NAME Dani Cleveus STREET ADDRESS 10350 S. Tropical Trail CITY-ST-ZIP Merritt Island, FL 32952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STERNBERG, TERESA STREET ADDRESS 1705 OLD GLORY BLVD CITY-ST-ZIP VIERA FL 32940	<input checked="" type="checkbox"/> Delete	TITLE NAME Mary Idrisny STREET ADDRESS 509 Andrews Lane CITY-ST-ZIP Indian Harbour Beach FL 32937	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME CAMPBELL, MARYJO STREET ADDRESS 542 CARRIAGE CIRCLE CITY-ST-ZIP SATELLITE BEACH FL 32937	<input checked="" type="checkbox"/> Delete	TITLE NAME Yvonne Banapoor STREET ADDRESS 3660 Turtle mound Rd CITY-ST-ZIP Melbourne, FL 32934	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME BERHORST, WENDY STREET ADDRESS 3885 S TROPICAL TRAIL CITY-ST-ZIP MERRITT ISLAND FL 32952	<input checked="" type="checkbox"/> Delete	TITLE NAME Suzette Reinhardt STREET ADDRESS 515 Andrews Drive CITY-ST-ZIP Melbourne Beach FL 32951	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME CLEVENS, DANI STREET ADDRESS 10350 S TROPICAL TRAIL CITY-ST-ZIP MERRITT ISLAND FL 32952	<input checked="" type="checkbox"/> Delete	TITLE NAME Valore Gurganicus STREET ADDRESS 235 Lansing Island Drive CITY-ST-ZIP Indian Harbour Beach, FL 32937	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Y A Banapoor* 3-9-01 253-4423

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

www.flsos.com CR2E037 (10/00)