

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2002 8:00 am**  
**Secretary of State**

02-07-2002 90319 042 \*\*\*\*61.25

**DOCUMENT # N97000005454**

1. Entity Name  
**MONTESSORI PARENT TEACHER ORGANIZATION, INC.**

Principal Place of Business <b>1230 BANANA RIVER DRIVE          INDIAN HARBOR BEACH FL 32937</b>	Mailing Address <b>P O BOX 372465          SATELLITE BEACH FL 32937</b>
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DO NOT WRITE IN THIS SPACE

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**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ABANAPOOR, YVONNE  
 3660 TURTLEMOUND RD.  
 MELBOURNE FL 32934**

Name
Street Address (P.O. Box Number is Not Acceptable)
City <b>FL</b> 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 *Yvonne Banaapor*  
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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CLEVEUS, DANI</b>	
STREET ADDRESS	<b>10350 S TROPICAL TRAIL</b>	
CITY-ST-ZIP	<b>MERRITT ISLAND FL 32952</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KRASNY, MARY</b>	
STREET ADDRESS	<b>509 ANDRES LANE</b>	
CITY-ST-ZIP	<b>INDIAN HARBOUR BEACH FL 32937</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>BANAPOOR, YVONNE</b>	
STREET ADDRESS	<b>3660 TURTLEMOUND RD.</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32934</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>REINHARDT, SUZETTE</b>	
STREET ADDRESS	<b>515 ANDREWS DRIVE</b>	
CITY-ST-ZIP	<b>MELBOURNE BEACH FL 32951</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GURGANICUS, VALORA</b>	
STREET ADDRESS	<b>235 LAUSING ISLAND DRIVE</b>	
CITY-ST-ZIP	<b>INDIAN HARBOUR BEACH FL 32937</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>Chairperson</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Beckett Gianna</b>	
STREET ADDRESS	<b>280 Centerbury Dr.</b>	
CITY-ST-ZIP	<b>Judicialtic, FL 32903</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Shaw April</b>	
STREET ADDRESS	<b>P.O. Box 32160?</b>	
CITY-ST-ZIP	<b>Cocoa Bch, FL 32932</b>	
TITLE	<b>Treasurer</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Banaapor, Yvonne</b>	
STREET ADDRESS	<b>3660 Turtle mound Rd</b>	
CITY-ST-ZIP	<b>Melbourne FL 32934</b>	
TITLE	<b>Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Funkhouser, Terry</b>	
STREET ADDRESS	<b>524 Eleuthera Lane</b>	
CITY-ST-ZIP	<b>Judicial Harbour Bch, FL 32937</b>	
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: *Yvonne Banaapor*

01-14-02 321-253-4428

CR2E037 (9/01)