

2000 UNIFORM BUSINESS REPORT (UBR)

5/23/00-90214-033-\$61.25-\$61.25

DOCUMENT # N99000000502

FILED

i. Entity Name

GOOD SHEPHERD MONTESSORI FOUNDATION, INC.

00 JUN -6 PM 3:30

Principal Place of Business

Mailing Address

STANDARD ST
FL 32726

904
STARBIRD ST
EUSTIS FL 32726-4735

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3563130

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

HEMPHILL, CECILE M
11134 COUNTY RD 44
LEESBURG FL 34788

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

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**

OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

ST. ZIP	OFFICERS AND DIRECTORS	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
ST. ZIP	TD NG, MAYRA 720 BOYOLESTON ST LEESBURG FL 34748	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST. ZIP	D BURGOS, LOURDES DR. 1701 EDGEWATER DR MT DORA FL 32757	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST. ZIP	SD COOKE, KIMBERLY 2491 E. CROOKED LAKE CLUB BLVD EUSTIS FL 32728	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST. ZIP	D MALCOLM, ANITA 2427 BAY AVE SOUTH SANFORD FL 32771	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST. ZIP	PD HEMPHILL, CECILE M 11134 COUNTY RD 44 LEESBURG FL 34788	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST. ZIP		<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E007 (9/99)

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:

Cecile M. Hemphill
SIGNATURE: CECILE M. HEMPHILL

APRIL 30, 2000 352-357-4728

SIGNATURE AND TYPED OR PRINTED NAME OF DESIGNATED OFFICER OR DIRECTOR

Date

Print the Phone #