

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000502

1. Entity Name

GOOD SHEPHERD MONTESSORI FOUNDATION, INC.

Principal Place of Business

Mailing Address

940 STARBIRD ST
EUSTIS FL 32726

940 STARBIRD ST
EUSTIS FL 32726

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

59-356-3130

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

Name

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

City

FL

Zip Code

HEMPHILL, CECILE M.
11134 COUNTY RD 44
LEESBURG FL 34788

303 Palm Way
Tavares, FL 32778

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.

500003447705--4

-11/01/00--01110--004

*****61.25 *****61.25

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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
STREET ADDRESS
CITY-ST-ZIP
TD
NG, MAYRA
720 BOYLESTON ST
LEESBURG FL 34748

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D.
BURGOS, LOURDES DR.
1701 EDGEWATER DR
MT DORA FL 32757

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
COOKE, KIMBERLY
2491 E. CROOKED LAKE CLUB BLVD
EUSTIS FL 32726

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MALCOLM, ANITA
2427 BAY AVE SOUTH
SANFORD FL 32771

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
HEMPHILL, CECILE M.
11134 COUNTY RD 44
LEESBURG FL 34788

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

CECILE M. HEMPHILL
Date: Sept 30, 2000 352-357-4725

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APPROVED
AND
FILED

00 OCT 12 AM 8:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

0002472

CR2E037 (5/00)