

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90173 026 \*\*\*\*61.25

**DOCUMENT # N99000000502**

1. Entity Name

**GOOD SHEPHERD MONTESSORI FOUNDATION, INC.**

Principal Place of Business

**904 STARBIRD ST  
EUSTIS FL 32726**

Mailing Address

**904 STARBIRD ST  
EUSTIS FL 32726**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3563130**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**HEMPHILL, CECILE M  
303 PALM WAY  
TAVARES FL 32778**

7. Name and Address of New Registered Agent

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

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	NG, MAYRA	
STREET ADDRESS	720 BOYLESTON ST	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BURGOS, LOURDES DR.	
STREET ADDRESS	1701 EDGEWATER DR	
CITY-ST-ZIP	MT DORA FL 32757	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	COOKE, KIMBERLY	
STREET ADDRESS	2491 E. CROOKED LAKE CLUB BLVD	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	D	<input type="checkbox"/> Delete
NAME	MALCOLM, ANITA	
STREET ADDRESS	2427 BAY AVE SOUTH	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HEMPHILL, CECILE M	
STREET ADDRESS	303 PALM WAY	
CITY-ST-ZIP	TAVARES FL 32778	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTOS, KAREN	
STREET ADDRESS	13635 DEVENSHIRE CT	
CITY-ST-ZIP	GRAND ISLAND, FL 32735	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNEPPER, HILLARY	
STREET ADDRESS	422 WASHINGTON AVE	
CITY-ST-ZIP	EUSTIS, FL 32726	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY ELEN WILLIS	
STREET ADDRESS	1112 W. MAIN ST	
CITY-ST-ZIP	LEESBURG, FL 34748	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/00)

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:

**SIGNATURE: CECILE M. HEMPHELL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**APRIL 20, 2001**

Date

Daytime Phone #