

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90014 001 ****61.25

DOCUMENT # N44640

1. Entity Name

CLAREMONT MONTESSORI CENTER, INC.

Principal Place of Business

**2450 NW 5TH AVE.
BOCA RATON FL 33431
US**

Mailing Address

**2450 NW 5TH AVE
BOCA RATON FL 33431
US**

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

54-1387413

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

**HARVEY R. HALLENBERG
7121 LOCKWOOD RD.
LAKE WORTH FL 33467**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
HALLENBERG, NANCY L.
7121 LOCKWOOD ROAD
LAKE WORTH FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PT. ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PT
HALLENBERG, HARVEY R.
7121 LOCKWOOD ROAD
LAKE WORTH FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**BM
BOWSER, KATHLEEN
470 N. E. 27 CIRCLE
BOCA RATON FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**BM
LEMON, JANE C.
325 N. COTTONWOOD DRIVE
GILBERT AZ** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**BM
WILLIAMS, ROBERT
4612 NEWCOMB PLACE
ALEXANDRIA VA 22304** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
ANNUNZIATA, JOSEPH
3132 WYNFORD DRIVE
FAIRFAX VA** ☐ Delete

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:

Harvey R. Hallenberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HARVEY R. HALLENBERG 1-13-02 (561) 394-7674

Date

Daytime Phone #

CR2E037 (9/01)