

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90169 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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

HARVEY R. HALLENBERG

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

8858 GEORGETOWN LANE

City

BOYNTON BEACH

FL

Zip Code

33437

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Harvey R. Hallenberg

HARVEY R. HALLENBERG VSD

1-12-2003

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PT** ☒ Change ☐ Addition
NAME **HALLENBERG, NANCY L.**
STREET ADDRESS **8858 GEORGETOWN LANE**
CITY-ST-ZIP **BOYNTON BEACH, FL 33437**

TITLE **VSD** ☒ Change ☐ Addition
NAME **HALLENBERG, HARVEY R.**
STREET ADDRESS **8858 GEORGETOWN LANE**
CITY-ST-ZIP **BOYNTON BEACH, FL 33437**

TITLE **BM** ☐ Change ☒ Addition
NAME **BERTELLI, JUDI**
STREET ADDRESS **4801 NE 16TH AVENUE**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33334**

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

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

TITLE ☐ Change ☐ 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:

Harvey R. Hallenberg

HARVEY R. HALLENBERG

1-12-03

(561) 394-7674

CR2E037 (10/02)