

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90053 020 ****61.25

DOCUMENT # 716301

1. Entity Name

MONTESSORI SCHOOL OF FORT MYERS, INC.

R

Principal Place of Business

Mailing Address

2151 CRYSTAL DRIVE
FT. MYERS FL 33907

2151 CRYSTAL DRIVE
FT. MYERS FL 33907

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1267407

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRISSOM, CARL P.
9717 KEEL CT
FT. MYERS FL 33919

Name

CHARLES P. TOUTON

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

2151 CRYSTAL DR.

FT. MYERS, FL

City

FT. MYERS

FL

Zip Code
33907

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

Charles P. Tonton

9.8.00

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	PD	<input type="checkbox"/> Delete
NAME	GRISSOM, CARL	
STREET ADDRESS	9717 KEEL CT	
CITY-ST-ZIP	FT. MYERS FL 33919	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	GRISSOM, DIANA	
STREET ADDRESS	9717 KEEL CT	
CITY-ST-ZIP	FT. MYERS FL 33919	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WINFREY, VICTORIA	
STREET ADDRESS	1263 HANTON AVE	
CITY-ST-ZIP	FT. MYERS FL 33901	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRISSOM, CARL	
STREET ADDRESS	9717 KEEL CT.	
CITY-ST-ZIP	FT. MYERS, FL 33919	
TITLE	CHAP PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES P. TOUTON, CHARLES P.	
STREET ADDRESS	2151 CRYSTAL DR.	
CITY-ST-ZIP	FT. MYERS, FL 33907-4147	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AZEVEDO, RUTH ANNE	
STREET ADDRESS	2151 CRYSTAL DR.	
CITY-ST-ZIP	FT. MYERS, FL 33907-4147	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOGUE, BARNEY	
STREET ADDRESS	7400 COLLEGE PKWY, #2B	
CITY-ST-ZIP	FT. MYERS, FL 33907	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOEGGENBERG, SCOTT	
STREET ADDRESS	7165 KOLA TER., #35	
CITY-ST-ZIP	FT. MYERS, FL 33907	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9.8.00

Date

941.936.4515

Daytime Phone #

CR2E037 (5/00)