

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

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90026 010 *****61.25

DOCUMENT # 723201

1. Entity Name
**THE MONTESSORI CHILDREN'S SCHOOL OF KEY WEST, IN
C.**



Principal Place of Business

**1221 VARELA ST.
KEY WEST FL 33040**

Mailing Address

**1221 VARELA ST.
KEY WEST FL 33040**

11026091



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1395046**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**GLENN, HEATHER
1221 VARELA STREET
KEY WEST FL 33040**

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

SIGNATURE

Heather Glenn

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-19-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRIFFITHS, STEPHANIE 40 KEY HAVEN RD KEY WEST FL 33040	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LENNON, LISA 727 EATON ST KEY WEST FL 33040	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOBSEN, BEVERLY 2413 LINDA AVENUE KEY WEST FL 33040	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Oidato, Tom 3615 Eagle St. Key West, FL 33040	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Wood, Kim 1401 Flagler Ave Key West, FL 33040	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mira, Roberta 2928 Staples Ave Key West, FL 33040	☐ 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:

SIGNATURE Thomas D. Dato

3/27/03 305 294-5302

CR2E037 (10/02)