

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2001 08:00 AM
Secretary of State

DOCUMENT # 735189

1. Entity Name
 LAKE MONTESSORI, INC.

Principal Place of Business 415 N. LEE STREET LEESBURG FL 34748	Mailing Address 415 N. LEE STREET LEESBURG FL 34748
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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4. FEI Number
59-1648294

Applied For	Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CONNER, TIMOTHY R
 909 BOYLESTON STREET
 LEESBURG, FL
 LEESBURG FL 34748 US

7. Name and Address of New Registered Agent

Name
 CONNER TIM RPD

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

City
 LEESBURG FL Zip Code
 34748

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 **TIM R. CONNER**

09/10/2001

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 D <input type="checkbox"/> Delete	NAME POPE, BURNETTE	STREET ADDRESS 9805 FAIRWAY CIRCLE	CITY-ST-ZIP LEESBURG FL
TITLE PD <input type="checkbox"/> Delete	NAME CONNER, TIMOTHY R	STREET ADDRESS 909 BOYLESTON ST.	CITY-ST-ZIP LEESBURG, FL 00000
TITLE STD <input type="checkbox"/> Delete	NAME CONNER, SANDRA P	STREET ADDRESS 909 BOYLESTON ST.	CITY-ST-ZIP LEESBURG, FL 00000
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 WAGNER ERIN C	STREET ADDRESS 10042 DORSET DR.	CITY-ST-ZIP LEESBURG FL 34788
TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME CONNER TIM R	STREET ADDRESS 909 BOYLESTON ST.	CITY-ST-ZIP LEESBURG FL 34748
TITLE STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME CONNER SANDRA P	STREET ADDRESS 909 BOYLESTON 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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **Tim R. Conner** PD 09/10/2001

CR2E037 (11/00)