

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 735189

FILED
Apr 03, 2003
Secretary of State

Entity Name: LAKE MONTESSORI, INC.

Current Principal Place of Business:

415 N. LEE STREET
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

415 N. LEE STREET
LEESBURG, FL 34748

New Mailing Address:

FEI Number: 59-1648294

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONNER, TIM R PD
909 BOYLESTON STREET
LEESBURG, FL 34748 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: CONNER, SANDRA P
Address: 909 BOYLESTON ST.
City-St-Zip: LEESBURG, FL 34748

Title: PD () Delete
Name: CONNER, TIM R
Address: 909 BOYLESTON ST.
City-St-Zip: LEESBURG, FL 34748

Title: D () Delete
Name: WAGNER, ERIN C
Address: 10042 DORSET DR.
City-St-Zip: LEESBURG, FL 34788

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERIN C. WAGNER

D

04/03/2003

Electronic Signature of Signing Officer or Director

_____ Date