

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 749931

1. Entity Name

HALIFAX MONTESSORI SCHOOL, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90045 031 ****61.25

Principal Place of Business

Mailing Address

3749 NOVA RD
PORT ORANGE FL 32119

3749 NOVA RD
PORT ORANGE FL 32119-4233

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

59-1948990

Applied For

Not Applicable

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

SCOTTY, J WAYNE
227 COVENTRY COURT
ORMOND BEACH FL 32174

Name

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

921 Beresford Way

City

Lake Mary

FL

Zip Code

32746

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

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
SCOTTY, J. WAYNE
227 COVENTRY COURT
ORMOND BEACH FL 32174

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
921 Beresford Way
Lake Mary FL 32746

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SCOTTY, GARRETT L.
4032 CATHERINE AVE.
NORWOOD OH

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
SCOTTY, DIANE E.
227 COVENTRY COURT
ORMOND BEACH FL 32174

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
921 Beresford Way
Lake Mary FL 32746

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LEVY, SANDRA
653 SHERWOOD DR
ALTAMONTE SPRINGS FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MACKAY, KRISTINE
40 SEA HARBOR DR WEST
ORMOND BEACH FL 32176

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

TITLE ☐ Delete
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:

J. Wayne Scotty
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-31-00 904) 788-1088