

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90140 031 \*\*\*\*70.00

**DOCUMENT # 763899**

1. Entity Name

**THE MONTESSORI LEARNING CENTER OF FORT WALTON BE**

Principal Place of Business

Mailing Address

**204 HOSPITAL DRIVE  
FT. WALTON BEACH FL 32548**

**204 HOSPITAL DRIVE  
FT. WALTON BEACH FL 32548-5067**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2210929**

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

**GATES, MIKE  
913 SUNSET BAY COURT  
SHALIMAR FL 32579**

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.

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 PD ☐ Delete  
NAME GATES, MIKE  
STREET ADDRESS 913 SUNSET BAY COURT  
CITY-ST-ZIP SHALIMAR FL

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

TITLE VD ☒ Delete  
NAME BATTISTE, WESLEY  
STREET ADDRESS 15 CALLE RIO  
CITY-ST-ZIP MARY ESTHER FL 32569

TITLE ☒ Change ☐ Addition  
NAME RICHARD WRIGHT  
STREET ADDRESS 322 LINDA LANE  
CITY-ST-ZIP FORT WALTON BEACH FL 32549  
FWB

TITLE TD ☒ Delete  
NAME URQUHART, TROY A  
STREET ADDRESS 311 PINE MOSS DRIVE  
CITY-ST-ZIP SHALIMAR FL 32579

TITLE ☒ Change ☐ Addition  
NAME A.D. GRIFFIN, JR.  
STREET ADDRESS 2553 PALM SHORES DR  
CITY-ST-ZIP SHALIMAR FL 32579

TITLE SD ☐ Delete  
NAME HEAPY, KATHY  
STREET ADDRESS 150 COUNTRY CLUB ROAD  
CITY-ST-ZIP FORT WALTON BEACH FL 32548

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

TITLE D ☒ Delete  
NAME TRINGAS, SUSAN  
STREET ADDRESS 253 NE YACHT CLUB DRIVE  
CITY-ST-ZIP FORT WALTON BEACH FL 32548

TITLE ☒ Change ☐ Addition  
NAME ANITA GATES  
STREET ADDRESS 913 SUNSET BAY CT  
CITY-ST-ZIP SHALIMAR FL 32579

TITLE D ☒ Delete  
NAME TAYLOR, VALERIE  
STREET ADDRESS 61 LAKE LORRAINE CIRCLE  
CITY-ST-ZIP SHALIMAR FL 32579

TITLE ☒ Change ☐ Addition  
NAME PATTY DRAKE  
STREET ADDRESS 684 EMERALD BAY DR  
CITY-ST-ZIP DESTIN FL 32541

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: GRIFFIN, JR. (TREAS)**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-3-00 850.651.4199**