

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 09, 2001 8:00 am  
Secretary of State

02-09-2001 90238 006 \*\*\*\*70.00

**DOCUMENT # 763899**

1. Entity Name

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

Principal Place of Business

204 HOSPITAL DRIVE  
FT. WALTON BEACH FL 32548

Mailing Address

204 HOSPITAL DRIVE  
FT. WALTON BEACH FL 32548

0 2 1 0 0 0

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

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

7. Name and Address of New Registered Agent

Name

**RICHARD WRIGHT**

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

**322 LINDA LANE**

City

**FORT WALTON BEACH**

FL

Zip Code

**32548**

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]*

**RICHARD WRIGHT - PRESIDENT 2-6-01**

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

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

TITLE **VD** ☐ Delete  
NAME **WRIGHT, RICHARD**  
STREET ADDRESS **322 LINDA LN**  
CITY-ST-ZIP **FORT WALTON BEACH FL 32548**

TITLE **TD** ☐ Delete  
NAME **GRIFFIN, A.D. 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 **D** ☐ Delete  
NAME **GATES, ANITA**  
STREET ADDRESS **913 SUNSET BAY CT**  
CITY-ST-ZIP **SHALIMAR FL 32579**

TITLE **D** ☐ Delete  
NAME **DRAKE, PATTY**  
STREET ADDRESS **684 EMERALD BAY DR**  
CITY-ST-ZIP **DESTIN FL 32541**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition  
NAME **RICHARD WRIGHT**  
STREET ADDRESS **322 LINDA LANE**  
CITY-ST-ZIP **FT. WALTON BEACH FL 32548**

TITLE **JODY WATTS V.D** ☒ Change ☐ Addition  
NAME **JODY WATTS**  
STREET ADDRESS **910 SUNSET BAY COURT**  
CITY-ST-ZIP **SHALIMAR FL 32579**

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

TITLE **SD** ☒ Change ☐ Addition  
NAME **AMY RIDDELL**  
STREET ADDRESS **293 ECHO CIRCLE**  
CITY-ST-ZIP **FT. WALTON BEACH FL 32548**

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

TITLE **D** ☒ Change ☐ Addition  
NAME **JIM CREW**  
STREET ADDRESS **11 ISLANDVIEW DR**  
CITY-ST-ZIP **MARY ESTHER FL 32569**

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]* **PAUL GRIFFIN, JR. TREASURER**

Date

**2-6-01 850 651-4199**

Daytime Phone #

CR2E037 (10/00)