

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 FEB 26 AM 8:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

59-2210929

☒ CHECK HERE IF MAKING CHANGES

DOCUMENT # 763899

1. Entity Name

THE MONTESSORI LEARNING CENTER OF FORT WALTON BEACH, INC.



Principal Place of Business

Mailing Address

204 HOSPITAL DRIVE  
FT. WALTON BEACH FL 32548204 HOSPITAL DRIVE  
FT. WALTON BEACH FL 32548

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **APPLIED FOR**

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PATTISON, TERESA  
21 BAYSHORE DR.  
SHALIMAR FL 32579

7. Name and Address of New Registered Agent

Name

Julie Shirley

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

1627 Florence Avenue

Fort Walton Beach FL 32547

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-8-03

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                            |                                            |
|----------------|----------------------------|--------------------------------------------|
| TITLE          | TD                         | <input checked="" type="checkbox"/> Delete |
| NAME           | PATTISON, TERESA           |                                            |
| STREET ADDRESS | 21 BAYSHORE DR.            |                                            |
| CITY-ST-ZIP    | SHALIMAR FL 32579          |                                            |
| TITLE          | PD                         | <input checked="" type="checkbox"/> Delete |
| NAME           | WRIGHT, RICHARD            |                                            |
| STREET ADDRESS | 322 LINDA LN               |                                            |
| CITY-ST-ZIP    | FORT WALTON BEACH FL 32548 |                                            |
| TITLE          | VPD                        | <input checked="" type="checkbox"/> Delete |
| NAME           | BLANCHARD, ROBERT          |                                            |
| STREET ADDRESS | 901 BEACHVIEW DR.          |                                            |
| CITY-ST-ZIP    | FORT WALTON BEACH FL 32547 |                                            |
| TITLE          | SD                         | <input checked="" type="checkbox"/> Delete |
| NAME           | SUINEY, JULIE              |                                            |
| STREET ADDRESS | 1627 FLORENCE AVE.         |                                            |
| CITY-ST-ZIP    | FORT WALTON BEACH FL 32547 |                                            |
| TITLE          | SD                         | <input checked="" type="checkbox"/> Delete |
| NAME           | BOULED, NATELRE            |                                            |
| STREET ADDRESS | 142 VALENCIA DR.           |                                            |
| CITY-ST-ZIP    | FORT WALTON BEACH FL 32547 |                                            |
| TITLE          | D                          | <input checked="" type="checkbox"/> Delete |
| NAME           | MCBRIDE, JEFF              |                                            |
| STREET ADDRESS | 916 ROANOKE RD.            |                                            |
| CITY-ST-ZIP    | FORT WALTON BEACH FL 32547 |                                            |

|                |                              |                                                                   |
|----------------|------------------------------|-------------------------------------------------------------------|
| TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | List enclosed                |                                                                   |
| STREET ADDRESS | too many errors on this form |                                                                   |
| 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    |                              |                                                                   |
| 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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-8-03 850-796-0590

CR2E037 (10/02)

Attachment # 10004284

#76389

# The Montessori Learning Center

## BOARD OF DIRECTORS 2002-2003

Robert Blanchard  
901 Beachview Dr.  
Ft. Walton Bch. Fl. 32547

President  
(H) 864-4218

PD

Wes Battiste  
16 Calle Rio Drive  
Mary Esther, Fl 32569

Vice - President  
(H) 243-7919

VPD

Julie Shirley  
1627 Florence Avenue  
Fort Walton Beach, Fl 32547

Treasurer  
(H) 851-9821  
794-0590

TD

Natalie Boulet  
119 Bob Sikes Blvd. # 7  
Fort Walton Beach, FL 32547

Secretary  
(H) 862-0252

SD

Jeff McBride  
916 Roanoke Rd.  
Ft. Walton Bch. Fl. 32547

Member-at-Large  
(H) 863-3894

D

Beverly Masone  
11 Holly Dr.  
Shalimar, FL, 32579

Member-at-Large  
(H) 651-5665

D