

2001¹ UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000001447

1. Entity Name

FRIENDS OF MONTESSORI, INC.

Principal Place of Business

509 E. PENNSYLVANIA AVENUE
DELAND FL 32724

Mailing Address

509 E. PENNSYLVANIA AVENUE
DELAND FL 32724

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3630362

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, BEVERLY
509 E. PENNSYLVANIA AVENUE
DELAND FL 32724

7. Name and Address of New Registered Agent

Name Julie Adams Scofield

Street Address (P.O. Box Number is Not Acceptable)
509 E. Pennsylvania Ave.

City Deland

FL

Zip Code 32724

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 Julie Adams Scofield

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

Julie Adams Scofield

(NOTE: Registered Agent signature required when reinstating)

3/13/01

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 D ☒ Delete
NAME BACHMAN, JENNIFER
STREET ADDRESS 2735 OAK ROAD
CITY-ST-ZIP DELAND FL 32720

TITLE ~~D~~ ☐ Delete
NAME CROCE, ANN JEROME
STREET ADDRESS 320 W. MINNESOTA AVENUE
CITY-ST-ZIP DELAND FL 32720

TITLE D ☐ Delete
NAME OLIPHANT, REBECCA
STREET ADDRESS 1643 BENT. OAKS BLVD.
CITY-ST-ZIP DELAND FL 32724

TITLE ~~D~~ ☐ Delete
NAME KAREN TAYLOR
STREET ADDRESS 1413 Mercers Fernery Rd.
CITY-ST-ZIP DELAND, FL 32720

TITLE VICE PRESIDENT D/V ☐ Delete
NAME CAMILLE KING
STREET ADDRESS 1109 E. University Ave.
CITY-ST-ZIP Deland, FL 32724

TITLE (TREASURER) D/T ☐ Delete
NAME GARY OLIPHANT
STREET ADDRESS 1479 E. MINNESOTA AVE.
CITY-ST-ZIP DELAND, FL 32724

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition
NAME Thomas W. Scofield
STREET ADDRESS 536 W. Pennsylvania Ave.
CITY-ST-ZIP Deland, FL 32720

TITLE D ☐ Change ☒ Addition
NAME TONI BLUM
STREET ADDRESS 39 Rosedown Blvd.
CITY-ST-ZIP DEBARY, FL 32713

TITLE ~~D~~ ☐ Change ☒ Addition
NAME PATIL RAUSCH
STREET ADDRESS 2701 Whitewurst
CITY-ST-ZIP Deland, FL 32720

TITLE ~~D~~ ☐ Change ☒ Addition
NAME Julie Adams Scofield
STREET ADDRESS 536 W. Pennsylvania Ave.
CITY-ST-ZIP Deland, FL 32724

TITLE ☐ Change ☐ Addition
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: *Julie Adams Scofield* Julie Adams Scofield 3/13/01 904-734-8747

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

0022635

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90216 032 ****61.25



DO NOT WRITE IN THIS SPACE