

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000001447**

1. Entity Name

FRIENDS OF MONTESSORI, INC.**FILED****Jan 30, 2002 8:00 am**
Secretary of State

01-30-2002 90123 035 ****61.25

Principal Place of Business

Mailing Address

**509 E. PENNSYLVANIA AVENUE
DELAND FL 32724****509 E. PENNSYLVANIA AVENUE
DELAND FL 32724**

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

59-3630362

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****SCOFIELD, JULIE ADAMS
509 E PENNSYLVANIA AVE
DELAND FL 32724**

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.

Julie Adams Scofield **Managing Director**

(NOTE: Registered Agent Signature required when reinstating)

DATE

1/9/02**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 **MD**
STREET ADDRESS **SCOFIELD, JULIE ADAMS**
CITY-ST-ZIP **536 W PENNSYLVANIA AVE
DELAND FL 32724**TITLE ☐ Change ☒ Addition
NAME **D Toni Blum**
STREET ADDRESS **39 Rosedown Blvd.**
CITY-ST-ZIP **DeBary, FL 32713**TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **CROCE, ANN JEROME**
CITY-ST-ZIP **320 W. MINNESOTA AVENUE
DELAND FL 32720**TITLE ☐ Change ☒ Addition
NAME **D Patti Rausch**
STREET ADDRESS **2781 Whitehurst Rd.**
CITY-ST-ZIP **DeLand, FL 32720**TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **TAYLOR, KAREN**
CITY-ST-ZIP **1413 MERCERS FERNERY RD
DELAND FL 32720**TITLE ☐ Change ☒ Addition
NAME **D Teresa Monroe**
STREET ADDRESS **711 Pine Tree Terrace**
CITY-ST-ZIP **DeLand, FL 32724**TITLE ☐ Delete
NAME **DV**
STREET ADDRESS **KING, CAMILLE**
CITY-ST-ZIP **1109 E UNIVERSITY AVE
DELAND FL 32724**TITLE ☐ Change ☒ Addition
NAME **D Anita Young**
STREET ADDRESS **811 24th Ave.**
CITY-ST-ZIP **New Smyrna Beach, FL 32169**TITLE ☐ Delete
NAME **DT**
STREET ADDRESS **OLIPHANT, GARY**
CITY-ST-ZIP **1479 E MINNESOTA AVE
DELAND FL 32724**TITLE ☐ Change ☒ Addition
NAME **~~XXXXXXXXXX~~**
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **SCOFIELD, THOMAS W**
CITY-ST-ZIP **536 W PENNSYLVANIA AVE
DELAND FL 32720**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:

Gary Oliphant **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/02

Date

386/736-0922

Daytime Phone #

CR2E037 (9/01)