

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

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90448 046 ****61.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

SIGNATURE

Julie Adams Scofield

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

(NOTE: Registered Agent signature required when reinstating)

2/25/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MD SCOFIELD, JULIE ADAMS 536 W PENNSYLVANIA AVE DELAND FL 32724	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CROCE, ANN JEROME 320 W. MINNESOTA AVENUE DELAND FL 32720	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP TAYLOR, KAREN 1413 MERCERS FERNERY RD DELAND FL 32720	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV KING, CAMILLE 1109 E UNIVERSITY AVE DELAND FL 32724	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT OLIPHANT, GARY 1479 E MINNESOTA AVE DELAND FL 32724	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCOFIELD, THOMAS W 536 W PENNSYLVANIA AVE DELAND FL 32720	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Camille King* **SIGNATURE REQUIRED**

2/26/03

(386) 822-7093

CR2E037 (10/02)

1000000001447

Attachment 700232

11	ADDITIONS / CHANGES TO OFFICERS AND DIRECTORS IN 10.		Change	Addition
Title Name Street Address City State Zip	DP Camille T. King 1109 East University Avenue DeLand, FL 32724		X	
Title Name Street Address City State Zip	DV Toni Blum 39 Rosedown Boulevard DeBary, FL 32713		X	
Title Name Street Address City State Zip	DS Scott Miller 610 Marilea Court Orange City, FL 32763			X
Title Name Street Address City State Zip	D Mark Mathias 398 Orange Street DeLand, FL 32724			X
Title Name Street Address City State Zip	D Pam Rintz 39 Lyon Drive DeLand, FL 32724			X
Title Name Street Address City State Zip	D Linda Landrum 3100 East New York Avenue DeLand, FL 32724			X
Title Name Street Address City State Zip	D Karen Taylor PO Box 519 DeLeon Springs, FL 32720		X	
Title Name Street Address City State Zip	D Anita Young 511 E 26th Avenue New Smyrna Beach, FL 32725			X