

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000003487**

1. Entity Name

VINEYARD CHRISTIAN MONTESSORI PRESCHOOL INC.

Principal Place of Business

3100 COUNTY RD. 220
MIDDLEBURG FL 32068

Mailing Address

3100 COUNTY RD. 220
MIDDLEBURG FL 32068

2. Principal Place of Business

3100 County Rd. 220
Suite, Apt. #, etc.

3. Mailing Address

3226 Puffin Way
Suite, Apt. #, etc.

City & State

Middleburg Fl.
Zip 32068 Country Clay

City & State

Orange Park, Fl.
Zip 32065 Country Clay

4. FEI Number

59-3663212

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

KAMENS, WALLACE C
3226 PUFFIN WAY
ORANGE PARK FL 32065

7. Name and Address of New Registered Agent

Name Wallace C. Kamens
Street Address (P.O. Box Number is Not Acceptable)
3226 Puffin Way
City Orange Park FL Zip Code 32065

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8/26/01

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.259. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
President	Alhonda Kamens (D)	3226 Puffin Way	Orange Park, Fl. 32065	☐
V. Pres.	Wallace Kamens (D)	3226 Puffin Way	Orange Park, Fl. 32065	☐
V. Pres.	Ron Stephens (D)	1193 Surrey Glen Rd.	Middleburg, Fl. 32068	☐
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/26/01

Daytime Phone #

FILED

01 SEP 28 PM 4:34

A0084645

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)