

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90062 031 ****61.25

A0025070

DO NOT WRITE IN THIS SPACE

DOCUMENT # **N00000007365**

1. Entity Name

Wedgefield Montessor Exchange, Inc

Principal Place of Business

20751 SR 520
Orlando FL 32833

Mailing Address

20839 Nettleton St
Orlando, FL 32833

2. Principal Place of Business

20751 SR 520
 Suite, Apt. #, etc.

3. Mailing Address

20839 Nettleton St
 Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number

59-3678294

Applied For

Not Applicable

Zip

32833

Country

Orange

Zip

32833

Country

Orange

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

Henriette Jacobson
20839 Nettleton St
Orlando FL 32833

7. Name and Address of New Registered Agent

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.

(NOTE: Registered Agent signature required when reinstating)

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 **President** ☐ Delete
 NAME **Henriette Jacobson**
 STREET ADDRESS **20839 Nettleton St.**
 CITY-ST-ZIP **Orl FL 32833**

TITLE **Vice President** ☐ Delete
 NAME **Diana Teel**
 STREET ADDRESS **20801 Ortega St**
 CITY-ST-ZIP **Orl, FL 32833**

TITLE **Treasurer** ☐ Delete
 NAME **Cheryl Jewer**
 STREET ADDRESS **2345 Baker Ave**
 CITY-ST-ZIP **Orl, FL 32833**

TITLE **Co Treasurer** ☐ Delete
 NAME **Barry Neece**
 STREET ADDRESS **19807 Mardi Gras**
 CITY-ST-ZIP **Orl, FL 32833**

TITLE **Secretary** ☐ Delete
 NAME **Lisa McKeel**
 STREET ADDRESS **2242 Ballard Ave**
 CITY-ST-ZIP **Orl, FL 32833**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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CR2E037 (11/00)

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 #

2/10/01 4075680894