

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90025 025 \*\*\*\*61.25

**DOCUMENT # N00000007365**

1. Entity Name

**WEDGEFIELD MONTESSORI EXCHANGE, INC.**

Principal Place of Business

**20751 SR 520  
ORLANDO FL 32833**

Mailing Address

**20839 NETTLETON STREET  
ORLANDO FL 32833**

2. Principal Place of Business

**20751 SR 520**  
Suite, Apt. #, etc.

3. Mailing Address

**20751 SR 520**  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Orlando FL**

City & State

**Orlando FL**

4. FEI Number

**59-3678294**

Applied For

Not Applicable

Zip

**32833 Orange**

Country

**Orange**

Zip

**32833**

Country

**Orange**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**JACOBSON, HENRIETTA E  
20839 NETTLETON STREET  
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 ☐ Delete

**PD JACOBSON, HENRIETTA E  
20839 NETTLETON STREET  
ORLANDO FL 32833**

TITLE ☒ Delete

**VD TEEL, DIANA  
20801 ORTEGA ST.  
ORLANDO FL 32833**

TITLE ☐ Delete

**TD JEWER, CHERYL  
2345 BAKER AVE.  
ORLANDO FL 32833**

TITLE ☒ Delete

**SD MCKEEL, LISA  
2242 BALLARD AVE.  
ORLANDO FL 32833**

TITLE ☐ Delete

**ATD NEECE, BARRY  
19907 MARDI GRAS  
ORLANDO FL 32833**

TITLE ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☒ Addition

**Vice President  
Alison Loneragan  
4123 Sunnybrook Ct  
Orl, FL 32820**

TITLE ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

**Secretary  
Christine Harrison  
20705 Quarterly Plwy  
Orl, FL 32833**

TITLE ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ 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 Required**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/1/02 407 568-7655**

Date

Daytime Phone #

CR2E037 (9/01)