

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2002 8:00 am**  
**Secretary of State**

0002356

**DOCUMENT # N01000001390**

1. Entity Name

**MONTESSORI CHILDREN'S SCHOOL OF LAKE PLACID, INC**

01-16-2002 90264 024 \*\*\*\*70.00

Principal Place of Business

Mailing Address

**9 LAKEVIEW AVENUE  
 LAKE PLACID FL 33852**

**9 LAKEVIEW AVENUE  
 LAKE PLACID FL 33852**

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

**65-1084861**

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

**MCCLURE, JOHN K  
 230 SOUTH COMMERCE AVENUE  
 SEBRING FL 33870**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>PSTD</b>	<input type="checkbox"/> Delete
NAME	<b>FRITZIUS, SHANNON R</b>	
STREET ADDRESS	<b>9 LAKEVIEW AVENUE</b>	
CITY-ST-ZIP	<b>LAKE PLACID FL 33852</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FRITZIUS, TY R</b>	
STREET ADDRESS	<b>9 LAKEVIEW AVENUE</b>	
CITY-ST-ZIP	<b>LAKE PLACID FL 33852</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GODFREY, WILLIAM</b>	
STREET ADDRESS	<b>2825 COW HOUSE ROAD</b>	
CITY-ST-ZIP	<b>LORIDA FL 33857</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>John Varady</b>	
STREET ADDRESS	<b>22 Notre Dame St.</b>	
CITY-ST-ZIP	<b>Lake Placid, FL 33852</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Shannon Fritzius</b>	
STREET ADDRESS	<b>127 Orange Rd. N.E.</b>	
CITY-ST-ZIP	<b>Lake Placid FL 33852</b>	
TITLE	<b>V P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Tracee Smoak</b>	
STREET ADDRESS	<b>494 Lake Francis Rd</b>	
CITY-ST-ZIP	<b>Lake Placid FL 33852</b>	
TITLE	<b>S T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Sheri Phypers</b>	
STREET ADDRESS	<b>1813 Lake Clay Dr.</b>	
CITY-ST-ZIP	<b>Lake Placid FL 33852</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Ty Fritzius</b>	
STREET ADDRESS	<b>127 Orange Rd. N.E.</b>	
CITY-ST-ZIP	<b>Lake Placid FL 33852</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Mary Gebhart</b>	
STREET ADDRESS	<b>110 Lake Francis Ct.</b>	
CITY-ST-ZIP	<b>Lake Placid FL 33852</b>	

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**  
**Shannon Fritzius** 01/08/01 863-699-1104  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E037 (9/01)