

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90008 031 ****61.25

DOCUMENT # N01000009006

1. Entity Name

EINSTEIN MONTESSORI SCHOOL - COCOA, INC.

Principal Place of Business

Mailing Address

**4421 NW 39TH AVE. BLDG. 1. STE. 2
 GAINESVILLE FL 32606**

**4421 NW 39TH AVE. BLDG. 1. STE. 2
 GAINESVILLE FL 32606**

2. Principal Place of Business

3. Mailing Address

1224 Sun Circle West

1224 Sun Circle West

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Melbourne FL

City & State

Melbourne FL

Zip

32935

Country

USA

Zip

32935

Country

USA

4. FEI Number

01-0590769

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

JOHNSON, CARL L

**4421 NW 39TH AVE. BLDG. 1. STE. 2
 GAINESVILLE FL 32606**

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 **D** ☐ Delete
 NAME **HICKS, LILLIAN**
 STREET ADDRESS **4421 NW 39TH AVE. BLDG. 1. STE. 2**
 CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE **P** ☐ Change ☒ Addition
 NAME **Allen Z. Osbraeh**
 STREET ADDRESS **709 N.W. 39th Road**
 CITY-ST-ZIP **Gainesville FL 32607**

TITLE **D** ☐ Delete
 NAME **TETRAULT, NORMA**
 STREET ADDRESS **4421 NW 39TH AVE. BLDG. 1. STE. 2**
 CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE **D, VP** ☒ Change ☐ Addition
 NAME **Norma Tetrault**
 STREET ADDRESS **4421 NW 39 Ave Bldg 1, Ste 2**
 CITY-ST-ZIP **Gainesville FL 32606**

TITLE **D** ☐ Delete
 NAME **JENNINGS, HARRY**
 STREET ADDRESS **4421 NW 39TH AVE. BLDG. 1. STE. 2**
 CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE **D, S** ☒ Change ☐ Addition
 NAME **Lillian Hicks**
 STREET ADDRESS **4421 NW 39 Ave, Bldg 1, Ste 2**
 CITY-ST-ZIP **Gainesville FL 32606**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

3/3/02

Date

Daytime Phone #

CR2E037 (9/01)