

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90065 003 ****61.25

DOCUMENT # N02000006696

1. Entity Name

BREVARD MONTESSORI PRIVATE SCHOOL, INC.



Principal Place of Business

**944 PINETREE DR.
INDIAN HARBOR BEACH FL 32937
US**

Mailing Address

**944 PINETREE DR.
INDIAN HARBOR BEACH FL 32937
US**

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

59-3522407

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MCDONALD, SANDY
944 PINETREE DR.
INDIAN HARBOR BEACH FL 32937**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P Mike Ville
STREET ADDRESS	18 Brenda Court
CITY-ST-ZIP	Satellite Bch, FL 32937
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	S Michael Thelander
STREET ADDRESS	1689 Palm Ridge Rd
CITY-ST-ZIP	Melbourne, FL 32935
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	T Kimberly Budnick
STREET ADDRESS	2031 Sykes Creek Dr.
CITY-ST-ZIP	Merritt Island FL 32953
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Director At Large Holly Martin
STREET ADDRESS	920 Maple Ridge Rd.
CITY-ST-ZIP	Merritt Island FL 32952
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Director At Large Elizabeth Vice
STREET ADDRESS	2012 Kent Street NE
CITY-ST-ZIP	Palm Bay, FL 32907
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V.P. Mike Molm
STREET ADDRESS	891 Peregrine Dr.
CITY-ST-ZIP	Indianapolis, FL 32903

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 Kimberly A. Budnick 1/7/03 321-773-547

CR2E037 (10/02)