

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10083

1. Entity Name--

SOUTH FLORIDA MONTESSORI EDUCATION CENTER, INC.

Principal Place of Business

Mailing Address

3881 NW 3RD AVE  
BOCA RATON FL 33431

3881 NW 3RD AVE  
BOCA RATON FL 33431-5843

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

59-2553586

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

DELILLA, VICTORIA  
3881 NW 3RD AVE  
BOCA RATON FL 33431

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 DT  
NAME JACOBSEN, PETER  
STREET ADDRESS 6418 NW 5TH WAY  
CITY-ST-ZIP FT LAUDERDALE FL ☐ Delete

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

TITLE DPS  
NAME DE LILLA, VICTORIA  
STREET ADDRESS 3881 NW 3 AVE  
CITY-ST-ZIP BOCA RATON FL ☐ Delete

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

TITLE D  
NAME WINANS, DAVID R III  
STREET ADDRESS 3700 N OCEAN BLVD  
CITY-ST-ZIP GULF STREAM FL ☐ Delete

TITLE  
NAME WINANS, DAVID R III  
STREET ADDRESS 606 S PALMWAY  
CITY-ST-ZIP LAKE WORTH FL ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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:

*Victoria De Lilla*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Feb 17, 2000 8:00 am  
Secretary of State

02-17-2000 90007 001 \*\*\*\*61.25

02-17-2000 90007 002 \*\*\*\*\*8.75



DO NOT WRITE IN THIS SPACE

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