

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003603

1. Entity Name

WELLINGTON MONTESSORI EDUCATIONAL ASSOCIATION, I

FILED
Jul 19, 2001 8:00 am
Secretary of State

07-19-2001 90236 046 ****61.25

0015778

Principal Place of Business

401 EAST OSCEOLA STREET
SUITE 102
STUART FL 34994

Mailing Address

401 EAST OSCEOLA STREET
SUITE 102
STUART FL 34994

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 25-0586548

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORNETT, JANE L ESQ.
401 EAST OSCEOLA STREET
SUITE 102
STUART FL 34994

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
After September 12, 2001, min. will be \$236.25

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 D
NAME CORNETT DURICA, RUTH EILEEN
STREET ADDRESS 12132 SUNSET POINT CIR
CITY-ST-ZIP WELLINGTON FL 33414 ☐ Delete

TITLE D
NAME CORNETT, JOHN
STREET ADDRESS 12132 SUNSET POINT CIR
CITY-ST-ZIP WELLINGTON FL 33414 ☐ Delete

TITLE D
NAME CORNETT, JANE L
STREET ADDRESS 401 EAST OSCEOLA STREET
CITY-ST-ZIP STUART FL 34994 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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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: Ruth Eileen Cornett Durica 7/17/01 795-1131

CR2E037 (5/01)