2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 AM
Secretary of State

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Entity Name: LAKE MONTESSORI PARENT ORGANIZATION, INC.

Current Principal Place of Business:

640 NORTH BAKER STREET
MOUNT DORA, FL 32757

New Principal Place of Business:

Current Mailing Address:

640 NORTH BAKER STREET
MOUNT DORA, FL 32757

New Mailing Address:

FEI Number: 59-3351557 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COONEY, GARY J
640 NORTH BAKER STREET
MOUNT DORA, FL 32757

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CHEN, LIZ
Address: 1108 N. PALMETTO
City-St-Zip: LEESBURG, FL 34748

Title: D ( ) Delete
Name: COCKRELL, LIZ
Address: 10960 E. REVELS RD
City-St-Zip: HOWEY-IN-TH HILLS, FL 34737

Title: D ( ) Delete
Name: YOST, VICKI
Address: 33414 LAKE BEND CIRC
City-St-Zip: LEESBURG, FL 34788

Title: D ( ) Delete
Name: BROWN, MARY ANN
Address: 33458 OVERTON DRIVE
City-St-Zip: LEESBURG, FL 34748

Title: D ( ) Delete
Name: COONEY, GARY
Address: 640 NORTH BAKER ST.
City-St-Zip: MOUNT DORA, FL 32757

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY J. COONEY D 04/29/2002

Electronic Signature of Signing Officer or Director — Date