

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005454

1. Entity Name

MONTESSORI PARENT TEACHER ORGANIZATION, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90010 005 ****61.25

Principal Place of Business

Mailing Address

1230 BANANA RIVER DRIVE
INDIAN HARBOR BEACH FL 32937

P O BOX 372465
SATELLITE BEACH FL 32937-0465

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3469914

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

CAMPBELL, MARYJO
542 CARRIAGE CIRCLE
SATELLITE BEACH FL 32937

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 ☐ Delete
NAME D
STREET ADDRESS SHEIKH, DEBORAH
CITY-ST-ZIP 245 STEWART DRIVE
MERRITT ISLAND FL 32952

TITLE ☐ Change ☒ Addition
NAME CLEAVENS, DANI
STREET ADDRESS 10350 S. TROPICAL TRAIL
CITY-ST-ZIP MERRITT ISLAND, FL 32952

TITLE ☐ Delete
NAME D
STREET ADDRESS STERNBERG, TERESA
CITY-ST-ZIP 1705 OLD GLORY BLVD
VIERA FL 32940

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

TITLE ☐ Delete
NAME T
STREET ADDRESS CAMPBELL, MARYJO
CITY-ST-ZIP 542 CARRIAGE CIRCLE
SATELLITE BEACH FL 32937

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

TITLE ☐ Delete
NAME D
STREET ADDRESS BERHORST, WENDY
CITY-ST-ZIP 3885 S TROPICAL TRAIL
MERRITT ISLAND FL 32952

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: Maryjo Campbell Co-Treasurer 3/22/2000 321-713-9185
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)