2001 UNIFORM BUSINESS REPORT (UBR)

Mar 19, 2001 8:00 am Secretary of State DOCUMENT # N9700005454 1. Entity Name MONTESSORI PARENT TEACHER ORGANIZATION, INC. 03-19-2001 90003 047 ****61.25 Mailing Address Principal Place of Business P O BOX 372465 1230 BANANA RIVER DRIVE SATELLITE BEACH FL 32937 INDIAN HARBOR BEACH FL 32937 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3469914 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6.-Name and Address of Current Registered Agent Name Abanapoor Street Address (P.O. Box Number is Not Acceptable) CAMPBELL, MARYJO 542 CARRIAGE CIRCLE 3660 Turtlemound Rd 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 DATE (NOTE: Registered Agent signature required when reinstating) Make Check Pavable to 9. Election Campaign Financing FILE NOW: **\$5.00** May Be П Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change ☐ Addition TITLE Dani Cleveus TITLE Delete 103505. Tropical Trail SHEIKH, DEBORAH NAME NAME STREET ADDRESS 245 STEWART DRIVE STREET ADDRESS Kerritt Voland, Fr. 32952 CITY-ST-7IP **MERRITT ISLAND FL 32952** CITY-ST-ZIP Phary Wrasny 509 Andros vone Change ☐ Addition Delete TITLE TITLE. STERNBERG, TERESA NAME NAME STREET ADDRESS 1705 OLD GLORY BLVD STREET ADDRESS Todian-Harbour Ben Fr. 32937 Tyvonne Banapoor Change [3660 Turtlemound Ru CITY-ST-ZIP___ CITY-ST-ZIP ---VIERA FL-32940 ---☐ Addition TITLE TITLE Delete CAMPBELL, MARYJO NAME NAME STREET ADDRESS 542 CARRIAGE CIRCLE STREET ADDRESS Rolsourne, FC 32934 CITY-ST-ZIP CITY-ST-7IP SATELLITE BEACH FL 32937 Suzetle Reinhardt ☐ Addition Delete TITLE TITLE NAME NAME BERHORST, WENDY 515 Andrews Drive STREET ADDRESS STREET ADDRESS 3885 S TROPICAL TRAIL Molora Beach 7032951 Volora Gurganicus Phange Addition 235 Lausing Island Drive CITY-ST-ZIP MERRITT ISLAND FL 32952 CITY-ST-ZIP TITLE TITLE CLEVENS, DANI NAME NAME STREET ADDRESS STREET ADDRESS 10350 S TROPICAL TRAIL CITY-ST-ZIP CITY-ST-ZIP **MERRITT ISLAND FL 32952** ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

FILED