

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 08, 2000 8:00 an  
Secretary of State

02-08-2000 90160 009 \*\*\*\*70.00

DOCUMENT # N98000003488

1. Entity Name

MONTESSORI COMMUNITY PRIVATE SCHOOL OF LEE COUNT

Principal Place of Business

15499 THORY COURT  
FORT MYERS FL 33908

Mailing Address

15499 THORY COURT  
FORT MYERS FL 33908-4248

2. Principal Place of Business

11120 RANCHETTE RD.

Suite, Apt. #, etc.

3. Mailing Address

11120 RANCHETTE RD.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Ft. Myers, FL

City & State

Ft. Myers, FL

4. FEI Number

65-0845182

Applied

Not Applied

Zip

33912

Country

USA

Zip

33912

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

HOGAN, TIMOTHY D D.M.D.  
11120 RANCHELLE RD.  
FT. MYERS FL 33908

Name

Timothy D. Hogan, DMD

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

15499 Thory Court

City

Ft. Myers

FL

Zip Code

33908

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 PD  
NAME HOGAN, TIMOTHY D D.M.D.  
STREET ADDRESS 15499 THORY COURT  
CITY-ST-ZIP FORT MYERS FL 33908 ☐ Delete

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

TITLE VPD  
NAME SHAH, KETKI  
STREET ADDRESS 7758 CAMERON ST.  
CITY-ST-ZIP FORT MYERS FL 33912 ☐ Delete

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

TITLE SD  
NAME MAIN, ELLEN  
STREET ADDRESS 19782 BEAULIEU COURT  
CITY-ST-ZIP FORT MYERS FL 33908 ☐ Delete

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

TITLE TD  
NAME SEMPLE, DAVID  
STREET ADDRESS 7440 TWIN EAGLE LANE  
CITY-ST-ZIP FORT MYERS FL 33912 ☐ Delete

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

TITLE D  
NAME BEAUVOIS, SUSAN  
STREET ADDRESS 5846 SW 1ST CT.  
CITY-ST-ZIP CAPE CORAL FL 33914 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 15467 Crystal Lake Drive  
CITY-ST-ZIP Ft. Myers, FL 33917 ☒ Change ☐

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan Beauvois

Date

Daytime Phone #

1-24-00

941-275-661