

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000085610**

1. Entity Name

Lake Mary Montessori Academy, Inc.

R

FILED
Aug 02, 2000 8:00 am
Secretary of State

07-12-2000 90004 006 ***150.00

Principal Place of Business
3551 W Lake Mary Blvd
205
Lake Mary, FL 32746

Mailing Address
1100 Clinging Vine Place
Winter Springs, FL 32708

2. Principal Place of Business
Suite, Apt. #, etc. **# 205**

3. Mailing Address
1100 Clinging Vine Place
Suite, Apt. #, Etc.

City & State
Winter Springs, FL

Zip
32708

Country
USA

4. FEI Number **59-3282823**

Applied For
☐ Not Applicable

5. Certificate of Status Desired-- ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

Monahan, William H
7100 S. Hwy 17-92
Fern Park, FL 32730

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

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SPV Linville Sheila M 1100 Clinging Vine Place Winter Springs, FL 32708	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Linville Sheila M 1100 Clinging Vine Place Winter Springs, FL 32708	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sheila M. Linville*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/23/00

407-699-0520

Date

Daytime Phone #

CR2E034 (9/99)

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State
04-27-1999 90142 039 ***150.00

DOCUMENT # **P9400085010**
1. Corporation Name
LAKE MARY Montessori Academy, INC

107083

Principal Place of Business
**3551 W. Lake Mary Blvd.
#205
LAKE MARY, FL 32746**

Mailing Address
**1100 Clinging Vine Place
Winter Springs, FL 32708**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21 Suite, Apt. #, etc. #205	26 1100 Clinging Vine Place	11/18/1994	59-3282823	Not Applicable
22 City & State	27	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
23	28 Winter Springs, FL	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
24 Zip	29 32708	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	
25 Country	30 US	8. This corporation owes the current year intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**Morrison, William H
7100 S. Hwy 17-92
Fern Park, FL 32730**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DN Linville, Sheila M.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	1100 Clinging Vine Place
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Winter Springs, FL 32708
TITLE	ST Linville, Sheila M.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	1100 Clinging Vine Place
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Winter Springs, FL 32708
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 307, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

Attachments
P94000085010
107083

July 18, 2000

LAKE MARY MONTESSORI ACADEMY, INC.
1100 CLINGING VINE PLACE
WINTER SPRINGS, FL 32708

Subject: LAKE MARY MONTESSORI ACADEMY, INC.

Reference Number: P94000085010

Please be advised, we have received your annual report/uniform business report for the above corporation and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/fv

ANNUAL REPORTS SECTION

Attachments

P94000085010

107083

July 27, 2000

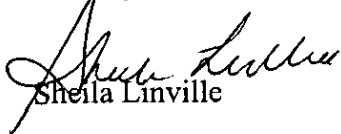
Division of Corporations
Reinstatement Dept.

I was directed to mail this to you once it was returned to me. I was never mailed a 2000 UBR (probably due to the fact that I have a new mailing address which was never changed in your computer system as evidenced by a photocopy of my '99 annual report enclosed).

I filled in a blank UBR for 2000 and mailed it with a \$150 check and an explanation note.

I am now sending this to you per your advice to make the necessary address corrections and file this so that I'm in good standing.

Thank you for your assistance.


Sheila Linville