

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Oct 01, 2002 8:00 am
Secretary of State

10-01-2002 90175 013 ***150.00

DOCUMENT # P96000032675

1. Entity Name

MONTESSORI ISLAND SCHOOL, INC.

Principal Place of Business

**92295 OLD STATE ROAD 4-A
TAVERNIER FL 33070**

Mailing Address

**POST OFFICE BOX 716
TAVERNIER FL 33070**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0691767

Applied For

Not Applicable

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

LEVY, RONALD B

**92295 OLD STATE ROAD 4-A
TAVERNIER FL 33070**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **KAMINSTEIN, BETH**
STREET ADDRESS **92295 OLD STATE ROAD 4-A**
CITY-ST-ZIP **TAVERNIER FL 33070**

TITLE **VD** ☐ Delete
NAME **SMITH, SARAH**
STREET ADDRESS **92295 OLD STATE ROAD 4-A**
CITY-ST-ZIP **TAVERNIER FL 33070**

TITLE **STD** ☐ Delete
NAME **LEVY, RONALD B**
STREET ADDRESS **92295 OLD STATE ROAD 4-A**
CITY-ST-ZIP **TAVERNIER FL 33070**

TITLE **V** ☐ Delete
NAME **HANSEN, STEPHEN**
STREET ADDRESS **92295 OLD STATE ROAD 4-A**
CITY-ST-ZIP **TAVERNIER FL 33070**

TITLE **D** ☐ Delete
NAME **MELENDEZ, KELLY**
STREET ADDRESS **92295 OLD STATE RD., 4-A**
CITY-ST-ZIP **TAVERNIER FL 33070**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Director** ☐ Change ☒ Addition
NAME **Diedra McLean**
STREET ADDRESS **92295 Old State Rd**
CITY-ST-ZIP **Tavernier, FL 33070**

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

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

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

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

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

Attachment

GENE S. BONHAM, C.P.A., P.A.

1999 UNIVERSITY DRIVE, SUITE 212
CORAL SPRINGS, FLORIDA 33071
TELEPHONE (954) 753-6966 • FAX (954) 753-6999
EMAIL: gbonham@aol.com

678639

P6000032675

Member

American Institute of
Certified Public Accountants

Florida Institute of
Certified Public Accountants

September 27, 2002

Florida Department of Revenue

Mr. Sean Toner

~~Divisions of Corporations~~

P.O. Box 6327

Tallahassee, FL 32314

RE: Montessori Island School, Inc.

Dear Mr. Toner:

In reference to the above-mentioned corporation, please find enclosed the corporations' check, NO 3416 for \$150.00, which is the Florida Annual Report fee for 2002.

The enclosed report was the first one received and any previously mentioned reports were not forwarded to the school, thus the report was not timely filed.

Your assistance in this matter is greatly appreciated and if you have any questions regarding the enclosed, please feel free to contact me at (954 753-6966).

Sincerely,

Gene S. Bonham C.P.A., P.A.

Gene S. Bonham, C.P.A., P.A.

Cc: Montessori Island School, Inc.

Enclosures