

# 2000-UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000023083

1. Entity Name

VILLAGE MONTESSORI OF YBOR CITY, INC.

Principal Place of Business

Mailing Address

2002 E. 4TH AVENUE  
TAMPA FL 33605

3017 WYNFREY PLACE  
MARIETTA GA 30064

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1213 EAST SIXTH AVE

City & State

City & State

TAMPA, FL

Zip

Country

Zip

Country

33605

US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GAINESV, STEPHANIE D  
1213 EAST SIXTH AVE.  
TAMPA FL 33605

Name GAINES, STEPHANIE D.

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

1213 EAST SIXTH AVE

2002 E. 4TH AVE.

City

TAMPA

FL

Zip Code

33605

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME GAINES, STEPHANIE  
STREET ADDRESS ~~1213 E. SIXTH AVENUE~~  
CITY-ST-ZIP TAMPA FL 33605

TITLE ☐ Change ☐ Addition  
NAME PC GAINES, STEPHANIE  
STREET ADDRESS 3214 W. TOWN ST.  
CITY-ST-ZIP TAMPA FL 33629

TITLE VP ☐ Delete  
NAME GAINES, RON  
STREET ADDRESS ~~1213 E. SIXTH AVENUE~~  
CITY-ST-ZIP TAMPA FL 33605

TITLE ☒ Change ☐ Addition  
NAME PC GAINES, STEPHANIE  
STREET ADDRESS 3214 W. TOWN ST.  
CITY-ST-ZIP TAMPA, FL 33629

TITLE VP ☐ Delete  
NAME SMITH, MIKE  
STREET ADDRESS 3017 WYNFREY PLACE  
CITY-ST-ZIP MARIETTA GA 30064

TITLE ☒ Change ☐ Addition  
NAME VP SMITH, MIKE  
STREET ADDRESS 106 BREMEN LN.  
CITY-ST-ZIP MC MURRAY, PA 15317

TITLE VP ☐ Delete  
NAME DECEMBER, STEPHANIE  
STREET ADDRESS 3017 WYNFREY PLACE  
CITY-ST-ZIP MARIETTA GA 30064

TITLE ☒ Change ☐ Addition  
NAME VP DECEMBER, STEPHANIE  
STREET ADDRESS 2421 88TH AVE N.E.  
CITY-ST-ZIP CLYDE HILL, WA 98004

TITLE S ☐ Delete  
NAME DECEMBER, CHRIS  
STREET ADDRESS 3017 WYNFREY PLACE  
CITY-ST-ZIP MARIETTA GA 30064

TITLE ☒ Change ☐ Addition  
NAME S DECEMBER, CHRIS  
STREET ADDRESS 2421 88TH AVE N.E.  
CITY-ST-ZIP CLYDE Hill, WA 98004

TITLE ☐ Delete  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 10, 00

Date

(724) 743-7174

Daytime Phone #