

2000-UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90032 043 ***150.00

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 30064-1029

715108



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1213 EAST SIXTH AVE

City & State

City & State

TAMPA, FL

4. FEI Number

59-3436682

Applied For

Not Applicable

Zip

Country

Zip

Country

33605

US

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

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAINES, STEPHANIE	NAME	PC GAINES, STEPHANIE
STREET ADDRESS	1213 E. SIXTH AVENUE	STREET ADDRESS	3214 W. TOWN ST.
CITY-ST-ZIP	TAMPA FL 33605	CITY-ST-ZIP	TAMPA, FL 33629
TITLE	VP <input type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAINES, RON	NAME	VP GAINES, STEPHANIE
STREET ADDRESS	1213 E. SIXTH AVENUE	STREET ADDRESS	3214 W. TOWN ST.
CITY-ST-ZIP	TAMPA FL 33605	CITY-ST-ZIP	TAMPA, FL 33629
TITLE	VP <input type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, MIKE	NAME	VP SMITH, MIKE
STREET ADDRESS	3017 WYNFREY PLACE	STREET ADDRESS	106 BREMEN LN.
CITY-ST-ZIP	MARIETTA GA 30064	CITY-ST-ZIP	McMURRAY, PA 15317
TITLE	VP <input type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DECEMBER, STEPHANIE	NAME	VP DECEMBER, STEPHANIE
STREET ADDRESS	3017 WYNFREY PLACE	STREET ADDRESS	2421 88TH AVE N.E.
CITY-ST-ZIP	MARIETTA GA 30064	CITY-ST-ZIP	CLYDE HILL, WA 98004
TITLE	S <input type="checkbox"/> Delete	TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DECEMBER, CHRIS	NAME	S DECEMBER, CHRIS
STREET ADDRESS	3017 WYNFREY PLACE	STREET ADDRESS	2421 88TH AVE N.E.
CITY-ST-ZIP	MARIETTA GA 30064	CITY-ST-ZIP	CLYDE HILL, WA 98004
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Michael J. Smith JAN 10, 00 (724) 743-7174
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #