

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000035744

1. Entity Name

HUNT CLUB MONTESSORI SCHOOL, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90103 008 ***150.00

Principal Place of Business

106 RIDGEWOOD DRIVE
LONGWOOD FL 32779

Mailing Address

106 RIDGEWOOD DRIVE
LONGWOOD FL 32779-3313

2. Principal Place of Business

502 HUNT CLUB BLDG

3. Mailing Address

(SAME AS PLACE OF BUSINESS)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

APOLKA, FLORIDA

City & State

4. FEI Number

59-3510995

Applied For

Not Applicable

Zip

32703

Country

U.S.A.

Zip

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

DEVUR, SAJJAD
450 DOUGLAS AVE
ALTAMONTE SPRINGS FL 32714

Name

DEWSTI, SAJJAD

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

(Same address)

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/00

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 NAME STREET ADDRESS CITY-ST-ZIP	D BHOJANI, TAHERA M 106 RIDGEWOOD DRIVE LONGWOOD FL 32779	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, DOROTHY N 106 RIDGEWOOD DRIVE LONGWOOD FL 32779	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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
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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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

4/27/00

Date

(407) 786-2255

(407) 786-2255

Daytime Phone #

CR2E034 (9/99)