

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000090363

1. Entity Name

MONTESSORI HERITAGE II, INC.

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90137 036 \*\*\*150.00

Principal Place of Business

Mailing Address

602 FRONT ST  
CELEBRATION FL 34747

PO BOX 470443  
CELEBRATION FL 34747-0443

2. Principal Place of Business

3. Mailing Address

602 Front St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Celebration FL

4. FEI Number 59-3538630

Applied For  
Not Applicable

Zip

Country

Zip  
34747

Country  
U.S.

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

~~TWONIG, KEVIN J  
717 E. OAK ST.  
KISSIMMEE FL 34744~~

Name Helen Devere  
Street Address (P.O. Box Number is Not Acceptable)  
609 Mulberry Ave  
City Celebration FL Zip Code 34747

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 Helen Devere

Helen C. Devere

4-1-00

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	PD	<input type="checkbox"/> Delete
NAME	DEVERE, HELEN	
STREET ADDRESS	609 MULBERRY AVE	
CITY-ST-ZIP	CELEBRATION FL 34747	
TITLE	VMT	<input type="checkbox"/> Delete
NAME	Simon, Karen	
STREET ADDRESS	609 Mulberry Ave.	
CITY-ST-ZIP	Celebration, FL 34747	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

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

Helen C. Devere

(Helen C. Devere)

4-1-00

(407) 566-1561

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)