

**2000 UNIFORM BUSINESS REPORT (UBR)**

4/

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90133 020 \*\*\*150.00

**DOCUMENT # P99000061033**

1. Entity Name

**MONTESSORI TIDES SCHOOL, INC.**

Principal Place of Business

1550 PENMAN RD.  
 JACKSONVILLE BCH FL 32250

Mailing Address

P. O. BOX 422  
 ATLANTIC BCH FL 32233

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3585155**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GRAHAM, JOHN P**  
**1054 N. 21ST ST.**  
**JACKSONVILLE BCH FL 32250**

7. Name and Address of New Registered Agent

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.

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

TITLE	<b>DIRECTOR / PRESIDENT</b> <input type="checkbox"/> Delete
NAME	<b>KATHY GRAHAM</b>
STREET ADDRESS	<b>1054 N. 21ST STREET</b>
CITY-ST-ZIP	<b>JAY BEACH, FL 32250</b>
TITLE	<b>ADMINISTRATOR / TREASURER</b> <input type="checkbox"/> Delete
NAME	<b>KATHY GRAHAM</b>
STREET ADDRESS	<b>1054 N. 21ST STREET</b>
CITY-ST-ZIP	<b>JAY BEACH, FL 32250</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>DIRECTOR / PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KATHY GRAHAM</b>
STREET ADDRESS	<b>1054 N. 21ST STREET</b>
CITY-ST-ZIP	<b>JAY BEACH, FL 32250</b>
TITLE	<b>JOHN PHILIP GRAHAM</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ADMINISTRATOR / TREASURER</b>
STREET ADDRESS	<b>1054 N. 21ST STREET</b>
CITY-ST-ZIP	<b>JAY BEACH, FL 32250</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

*Phil Graham* (**PHIL GRAHAM**)

**4/20/00** **904/291-1139**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Phil Graham*

**5/18/00**

CR2E034 (9/99)