

2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 17, 2001 8:00 am Secretary of State

04-03-2001 90074 011 ****61.25

DOCUMENT # N00000000621

1. Entity Name

T.E.A.C.H., INC.

Principal Place of Business

5250 OCHLOCKONEE ROAD
TALLAHASSEE FL 32303

Mailing Address

5250 OCHLOCKONEE ROAD
TALLAHASSEE FL 32303

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3634849

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

EMHOF, LESLIE S DR.
5250 OCHLOCKONEE ROAD
TALLAHASSEE FL 32303

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE DP Delete
NAME MCGINNIS, LANCE
STREET ADDRESS 2450 MCPHAUL ROAD OAD
CITY-ST-ZIP CHATTAHOOCHEE FL 32324

TITLE DV Delete
NAME THURSBY, HENRI
STREET ADDRESS 2639 STONERIDGE DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE DS Delete
NAME BARNARD, BETHANY
STREET ADDRESS 5619 ETOWAH COURT
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE DT Delete
NAME EMHOF, R. YOLANDA
STREET ADDRESS 5250 OCHLOCKONEE ROAD
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE D Delete
NAME GREENWELL, CINDY
STREET ADDRESS 2033 GRAY BIRCH WAY
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE D Delete
NAME FARRAR, HARRY
STREET ADDRESS 4267 CAMDEN ROAD
CITY-ST-ZIP TALLAHASSEE FL 32303

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP Change Addition
NAME Richard A. White
STREET ADDRESS 3200 Beaumont DR
CITY-ST-ZIP Tallahassee, FL 32308

TITLE DV Change Addition
NAME JEFF Sellers
STREET ADDRESS 3953 Magellan Trail
CITY-ST-ZIP Tallahassee, FL 32303

TITLE D Change Addition
NAME Kelly Sellers
STREET ADDRESS 3953 Magellan Trail
CITY-ST-ZIP Tallahassee, FL 32303

TITLE D Change Addition
NAME DAVID Unkefer
STREET ADDRESS 2806 Paradise Place
CITY-ST-ZIP Tallahassee, FL 32308

TITLE D Change Addition
NAME Sheila Maxwell
STREET ADDRESS 305 N. Corry ST.
CITY-ST-ZIP Quincy, FL 32351

TITLE P Change Addition
NAME Tami Amiot
STREET ADDRESS 1640 Copperfield Circle
CITY-ST-ZIP Tallahassee, FL 32312

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-01

Date

893-6706

Daytime Phone #

CR2E037 (10/00)