

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90093 046 ****61.25

DOCUMENT # N00000000621

1. Entity Name

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

Principal Place of Business

Mailing Address

**5250 OCHLOCKONEE ROAD
TALLAHASSEE FL 32303**

**5250 OCHLOCKONEE ROAD
TALLAHASSEE FL 32303**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3634849

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

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
NAME **DP**
WHITE, RICHARD A
STREET ADDRESS **3200 BEAUMONT DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **DV**
SELLERS, JEFF
STREET ADDRESS **3953 MAGELLAN TRAIL**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D**
MAXWELL, SHEILA
STREET ADDRESS **305 N CORRY STREET**
CITY-ST-ZIP **QUINCY FL 32351**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D**
AMIOT, TAMI
STREET ADDRESS **1640 COPPERFIELD CIRCLE**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: _____

Leslie S. Emhof
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-02

Date

850-562-5001

Daytime Phone #

CR2E037 (9/01)