

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000000621

FILED  
Jan 15, 2003  
Secretary of State

Entity Name: T.E.A.C.H., INC.

**Current Principal Place of Business:**

5250 OCHLOCKONEE ROAD  
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

**Current Mailing Address:**

5250 OCHLOCKONEE ROAD  
TALLAHASSEE, FL 32303

**New Mailing Address:**

FEI Number: 59-3634849

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: WHITE, RICHARD A  
Address: 3200 BEAUMONT DRIVE  
City-St-Zip: TALLAHASSEE, FL 32308

Title: DV ( ) Delete  
Name: SELLERS, JEFF  
Address: 3953 MAGELLAN TRAIL  
City-St-Zip: TALLAHASSEE, FL 32303

Title: DS ( ) Delete  
Name: BARNARD, BETHANY  
Address: 5619 ETOWAH COURT  
City-St-Zip: TALLAHASSEE, FL 32303

Title: DT ( ) Delete  
Name: EMHOF, R. YOLANDA  
Address: 5250 OCHLOCKONEE ROAD  
City-St-Zip: TALLAHASSEE, FL 32303

Title: D ( ) Delete  
Name: MAXWELL, SHEILA  
Address: 305 N CORRY STREET  
City-St-Zip: QUINCY, FL 32351

Title: D ( ) Delete  
Name: AMIOT, TAMI  
Address: 1640 COPPERFIELD CIRCLE  
City-St-Zip: TALLAHASSEE, FL 32312

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: WHITE, RICHARD A  
Address: 3200 BEAUMONT DRIVE  
City-St-Zip: TALLAHASSEE, FL 32308

Title: DP (X) Change ( ) Addition  
Name: SELLERS, JEFF  
Address: 3953 MAGELLAN TRAIL  
City-St-Zip: TALLAHASSEE, FL 32303

Title: DS (X) Change ( ) Addition  
Name: MAXWELL, WILLIAM  
Address: 305 N CORRY STREET  
City-St-Zip: QUINCY, FL 32351

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: R. YOLANDA EMHOF

DT

01/15/2003

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date