

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2001 08:00 AM
Secretary of State

DOCUMENT # N98000003423

1. Entity Name
A GIFT FOR TEACHING, INC.

Principal Place of Business 2814 CORRINE DRIVE ORLANDO FL 32803 US	Mailing Address 2814 CORRINE DRIVE ORLANDO FL 32803 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number
59-3515162

Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LANDWIRTH GARY
 2814 CORRINE DR

 ORLANDO FL 32803

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 **GARY LANDWIRTH** DATE **01/09/2001**
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	C <input type="checkbox"/> Delete
NAME	HOUCK KEITH
STREET ADDRESS	201 E PINE ST
CITY-ST-ZIP	ORLANDO FL 32801
TITLE	D <input type="checkbox"/> Delete
NAME	CHANCE ANDREA
STREET ADDRESS	1514 LAKE DANIEL DRIVE
CITY-ST-ZIP	ORLANDO FL 32804
TITLE	D <input type="checkbox"/> Delete
NAME	EVENSEN JEFF
STREET ADDRESS	219 MONTEREY ISLE N
CITY-ST-ZIP	LONGWOOD FL 32750
TITLE	D <input type="checkbox"/> Delete
NAME	BOWMAN SCOTT
STREET ADDRESS	8701 MAITLAND SUMMIT BLVD
CITY-ST-ZIP	ORLANDO FL 32810
TITLE	S <input type="checkbox"/> Delete
NAME	CAMPBELL SCOTT
STREET ADDRESS	1000 UNIVERSAL STUDIOS PLAZA
CITY-ST-ZIP	ORLANDO FL 32819
TITLE	D <input type="checkbox"/> Delete
NAME	ALLEN SUE
STREET ADDRESS	6501 MAGIC WY
CITY-ST-ZIP	ORLANDO FL 32809

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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: keith houck c 01/09/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)