

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 734426

1. Entity Name

FLORIDA TEACHING PROFESSION, INC.

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90048 025 ****61.25

Principal Place of Business

213 SOUTH ADAMS ST.
TALLAHASSEE FL 32301

Mailing Address

213 SOUTH ADAMS ST.
TALLAHASSEE FL 32301-1720

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1549607

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

RYOR, JOHN
213 SOUTH ADAMS ST
TALLAHASSEE FL 32301

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STD	RYOR, JOHN	213 SOUTH ADAMS ST	TALLAHASSEE, FL 00000	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	DINNEEN, MAUREEN	213 S ADAMS ST	TALLAHASSEE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	MCCALL, JOANNE	213 S ADAMS ST	TALLAHASSEE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/00

Date

850-224-1953

Daytime Phone #

CR2E037 (9/99)