

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 734426

1. Entity Name

FLORIDA TEACHING PROFESSION, INC.

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

05-06-2002 90064 022 ****61.25

Principal Place of Business

Mailing Address

213 SOUTH ADAMS ST.
TALLAHASSEE FL 32301

213 SOUTH ADAMS ST.
TALLAHASSEE FL 32301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1549607**

Applied For

Not Applicable

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

MEYER, RONALD G ESQUIRE
2544 BLAIRSTONE PINES DRIVE
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 **STD** ☒ Delete
NAME **WALLACE, AARON**
STREET ADDRESS **213 SOUTH ADAMS ST**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **DINNEEN, MAUREEN**
STREET ADDRESS **213 S ADAMS ST**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **LEE, BOB**
STREET ADDRESS **213 S ADAMS ST**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE **D/S/T** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D/VP** ☐ Change ☒ Addition
NAME **Ford, Andy**
STREET ADDRESS **213 South Adams Street**
CITY-ST-ZIP **Tallahassee, Florida 32301**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Dukes, Judy**
STREET ADDRESS **428 North Broadway Street**
CITY-ST-ZIP **Starke, Florida 32091**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **McCall, Joanne**
STREET ADDRESS **9340 CR 125B**
CITY-ST-ZIP **Wildwood, Florida 34785**

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:

Maureen S. Dinneen **SIGNATURE REQUIRED**

4/25/02

850-222-4767

CR2E037 (9/01)

ATTACH # 734426/646929

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Underwood, Carolyn 712 Canterbury Road Clearwater, Florida 33764
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Elliott, Linda 104 Fiesta Drive Ormond Beach, Florida 32174
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Johnson, Dr. Shirley 2200 Biscayne Boulevard Miami, Florida 33137
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Barber, Pat 1523 Sixth Avenue West, DeSoto Towers, G-1 Bradenton, Florida 34205
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Wilson, Jim 6840 East Tropical Way Plantation, Florida 33317
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Anderson, Steve 114 Larkspur Drive Altamonte Springs, Florida 32701