

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F45544

1. Entity Name

TEACHER SUPPORT SOFTWARE, INC.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90012 030 ***158.75

050141



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3452 NW 97TH BLVD GAINESVILLE FL 36067-22 US	3542 NW 97TH BLVD GAINESVILLE FL 32606-7322 US

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	59-2158995	Applied For
		Not Applicable

5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
DOMENECH, LYNN H. 1035 NW 57TH STREET GAINESVILLE FL 32605

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DOMENECH, JOSEPH A	
STREET ADDRESS	4926 N.W. 18TH PL	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	DOMENECH, LYNN H	
STREET ADDRESS	4926 N.W. 18TH PL	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	JINKS, JOHN	
STREET ADDRESS	87 MEIGS DRIVE	
CITY-ST-ZIP	SHALIMAR FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Sec/Treas.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Domenech, Lynn H	
STREET ADDRESS	4926 N.W. 18th Pl	
CITY-ST-ZIP	Gainesville, FL	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jinks, John	
STREET ADDRESS	87 Meigs Drive	
CITY-ST-ZIP	Shalimar, FL	
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		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/00 (352) 332-6404
Date Daytime Phone #

CR2E034 (9/99)