

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90100 011 \*\*\*\*50.00

**DOCUMENT # L01000014191**

1. Entity Name

**TEACHERS' EDUCATIONAL RESOURCE CENTER, LLC**



Principal Place of Business

**24631 LEONARD WAY  
EUSTIS FL 32736**

Mailing Address

**24631 LEONARD WAY  
EUSTIS FL 32736**

2. Principal Place of Business

**4105 PLAZA DR**  
Suite, Apt. #, etc.

3. Mailing Address

**4105 PLAZA DR**  
Suite, Apt. #, etc.

City & State

**EUSTIS, FL**

City & State

**EUSTIS, FL**

Zip

**32726**

Country

**USA**

Zip

**32726**

Country

**USA**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3736084**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BOYETTE, MARY C  
24631 LEONARD WAY  
EUSTIS FL 32736**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Mary C Boyette*

Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE	<b>MGR</b>	<input type="checkbox"/> Delete
NAME	<b>BARNETT, TAMMY L</b>	
STREET ADDRESS	<b>35815 WILLOW WAY</b>	
CITY-ST-ZIP	<b>EUSTIS FL 32736</b>	
TITLE	<b>MGR</b>	<input type="checkbox"/> Delete
NAME	<b>BOYETTE, MARY C</b>	
STREET ADDRESS	<b>24631 LEONARD WAY</b>	
CITY-ST-ZIP	<b>EUSTIS, FL 32736</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE *Mary C Boyette* **SIGNATURE REQUIRED**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4/18/03 352-357-4445**

Date Daytime Phone #

CR2E083 (10/02)