

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N01000000107**

1. Entity Name

NATIONAL SUBSTITUTE TEACHERS ALLIANCE, INC.**FILED**
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90179 041 ****61.25

Principal Place of Business

Mailing Address

**802 EAST 6TH STREET
APOPKA FL 32703****802 EAST 6TH STREET
APOPKA FL 32703**

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

59-3663602

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

**MCBEE, MILDRED E
802 EAST 6TH STREET
APOPKA FL 32703**

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

*Mildred E. McBee**Mildred E. McBee**1/21/02*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. "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	D	<input type="checkbox"/> Delete
NAME	KIRSTEN, SHIRLEY	
STREET ADDRESS	1128 W SAN RAMON	
CITY-ST-ZIP	FRESNO CA 93711	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANDERS, ELIZABETH	
STREET ADDRESS	4099 W MAPLE AVE	
CITY-ST-ZIP	FLINT MI 48507	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCBEE, MILDRED	
STREET ADDRESS	802 EAST 6TH STREET	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	D	<input type="checkbox"/> Delete
NAME	HANSSTON, KARLA	
STREET ADDRESS	11218 MT. VIEW DRIVE	
CITY-ST-ZIP	FRESNO CA 93638	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAZZANO, ALICE	
STREET ADDRESS	435 CHRISTOPHER AVE	
CITY-ST-ZIP	GAITHERBURG MD 20879	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLATTNER, ILENE	
STREET ADDRESS	1822 KIOWA LANE	
CITY-ST-ZIP	COZAD NE 69130	

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		
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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)(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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR*1/23/02* *407-884-7203*
Date Daytime Phone #

CR2E037 (9/01)