

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2003 8:00 am**  
**Secretary of State**

03-06-2003 90112 046 \*\*\*\*61.25

**DOCUMENT # N01000000107**



1. Entity Name  
**NATIONAL SUBSTITUTE TEACHERS ALLIANCE, INC.**

Principal Place of Business

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

Mailing Address

**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

☐ CHECK HERE IF MAKING CHANGES



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

SIGNATURE *Mildred Mc Bee*

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
NAME **KIRSTEN, SHIRLEY**  
STREET ADDRESS **1128 W SAN RAMON**  
CITY-ST-ZIP **FRESNO CA 93711**

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

TITLE **D** ☒ Delete  
NAME **SANDERS, ELIZABETH**  
STREET ADDRESS **4099 W MAPLE AVE**  
CITY-ST-ZIP **FLINT MI 48507**

TITLE ☐ Change ☐ Addition  
NAME **Mitchell Harkavy**  
STREET ADDRESS **504 28 N. Main St.**  
CITY-ST-ZIP **Endicott, NY 13760**

TITLE **D** ☐ Delete  
NAME **MCBEE, MILDRED**  
STREET ADDRESS **802 EAST 6TH STREET**  
CITY-ST-ZIP **APOPKA FL 32703**

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

TITLE **D** ☐ Delete  
NAME **HANSSTON, KARLA**  
STREET ADDRESS **11218 MT. VIEW DRIVE**  
CITY-ST-ZIP **FRESNO CA 93638**

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

TITLE **D** ☐ Delete  
NAME **RAZZANO, ALICE**  
STREET ADDRESS **435 CHRISTOPHER AVE**  
CITY-ST-ZIP **GAITHERBURG MD 20879**

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

TITLE **D** ☐ Delete  
NAME **BLATTNER, ILENE**  
STREET ADDRESS **1822 KIOWA LANE**  
CITY-ST-ZIP **COZAD NE 69130**

TITLE ☐ Change ☐ 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: *Mildred Mc Bee*

*Mildred Mc Bee 3/4/03*

CR2E037 (10/02)