

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 20, 2000 8:00 am
Secretary of State

06-20-2000 90016 006 ****61.25

DOCUMENT # **NP 300000 3675**
 1. Entity Name
T.E.A.C.H - THE EDUCATORS ASSOCIATION
For Children's Homeschooling Inc. (R)

Principal Place of Business
North Miami

Mailing Address
41 NE 165 ST
N. Miami FL 33162

00065479

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
SAME

3. Mailing Address
SAME

Suite, Apt. #, etc.
41 NE 165 ST

City & State
N. Miami FL

Zip
33162

Country
USA

4. FEI Number
65-0440260

Applied For
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
c/o LINDA Sagaille - Treasurer Shari Glover
41 NE 165 ST
N. Miami FL 33162

7. Name and Address of New Registered Agent -
 Name **LINDA Sagaille - Treasurer**
 Street Address (P.O. Box Number is Not Acceptable)
41 NE 165 ST. #E
 City **N. Miami** FL Zip Code **33162**

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 **Linda Sagaille** **LINDA SAGAILLE** **6/9/00**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

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

Make Check Payable to Department of State

ADDITIONS OFFICERS AND DIRECTORS

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice-Chairman Alexa Chisholm 8850 NW 141 St Miami Lakes FL 33018 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Chairman Debra S. Arce 11132 Peachtree Dr. Miami FL 33161 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Member at Large Kim Owen 1640 NE 171st NMB FL 33162 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Member at Large Christine Tarasiuk 6954 Bottlebrush Dr Miami Lakes FL 33014 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Treasurer LINDA SAGAILLE 41 NE 165 ST. N. Miami FL 33162 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary Susie Harwood 334 NE 58th Terrace Miami FL 33137 | <input type="checkbox"/> Delete |

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: **Linda Sagaille** **LINDA SAGAILLE** **6/9/00**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)