

2000 UNIFORM BUSINESS REPORT (UBR)

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

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

DOCUMENT # **N93000003675**
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**
Suite, Apt. #, etc. **41 NE 165 ST**
City & State **N. Miami FL**
Zip **33162** Country **USA**

3. Mailing Address **SAME**
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **65-0440260**
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.
10335 NW 5th Ave
Miami 33150

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

10. ADDITIONS OFFICERS AND DIRECTORS

TITLE	Vice-Chairman	<input type="checkbox"/> Delete
NAME	Alexa Chisholm	
STREET ADDRESS	8850 NW 14th St	
CITY-ST-ZIP	Miami 33018	
TITLE	Chairman	<input type="checkbox"/> Delete
NAME	Debra S. Arce	
STREET ADDRESS	11132 Peachtree Dr.	
CITY-ST-ZIP	Miami FL 33161	
TITLE	Member at Large	<input type="checkbox"/> Delete
NAME	Kim Owen	
STREET ADDRESS	1640 NE 17th St	
CITY-ST-ZIP	NMB FL 33162	
TITLE	Member at Large	<input type="checkbox"/> Delete
NAME	Christine Tarasuk	
STREET ADDRESS	6954 Bollerbrush Dr	
CITY-ST-ZIP	Miami Lakes FL 33014	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	LINDA SAGAILLE	
STREET ADDRESS	41 NE 165 ST.	
CITY-ST-ZIP	N. Miami FL 33162	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	SUSIE Harwood	
STREET ADDRESS	334 NE 58th Terrace	
CITY-ST-ZIP	Miami FL 33137	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" 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: **Linda Sagaille** **LINDA SAGAILLE** **6/9/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)