

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90230 021 ****61.25

DOCUMENT # N93000003675

1. Entity Name

TEACH, THE EDUCATORS' ASSOCIATION FOR CHILDRENS' HOME-SCHOOLING, INC.

Principal Place of Business

Mailing Address

**41 NE 165 STREET
MIAMI FL 33162
US**

**41 NE 165 STREET
MIAMI FL 33162
US**

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

65-0440260

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

**SAGAILLE, LINDA
41 NE 165 STREET
MIAMI FL 33162**

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

Linda Sagaille

(NOTE: Registered Agent signature required when reinstating)

DATE

11/7/02

FILE NOW: FEE IS \$61.25

9. 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 ☐ Delete
NAME **CD**
STREET ADDRESS **ARCE, DEBRA**
CITY-ST-ZIP **11132 PEACHTREE DR.
MIAMI FL 33161**

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

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **CHISHOLM, ALEXA**
CITY-ST-ZIP **8850 NW 191 ST.
MIAMI FL 33018**

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

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **SAGAILLE, LINDA**
CITY-ST-ZIP **41 NE 165 ST
MIAMI FL 33162**

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

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **MISHKIN, SALLY**
CITY-ST-ZIP **1240 NW 15351
NORTH MIAMI BEACH FL 33162**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **URDANETTA, ANTIONETTE**
CITY-ST-ZIP **14901 FEATHERSTONE WAY
DAVE FL 33331**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **TARASIUK, CHRISTINE**
CITY-ST-ZIP **6954 BOTTLE BRUSH DR
MIAMI LAKES FL 33014**

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:

Linda Sagaille

11/7/02 305-948-3796

CR2E037 (9/01)