

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90118 009 \*\*\*\*61.25

**DOCUMENT # N94000001553**

1. Entity Name

**TAILWAGGERS LEARNING CENTER O.T.C. OF SOUTH FLOR**

Principal Place of Business

Mailing Address

7135 PIGEON KWAY WAY  
 LAKEWORTH FL 33467  
 US

7135 PIGEON KEY WAY  
 LAKE WORTH FL 33467-7642

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

**65-0488705**

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

**FLATLEY, RACHEL T ESQ.**  
**7135 PIGEON KEY WAY**  
**LAKE WORTH FL 33469**

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

*[Handwritten Signature]*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3-10-00**

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 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **PD**  
**FLATLEY, RACHEL**  
 STREET ADDRESS **7135 PIGEON KEY WAY**  
 CITY-ST-ZIP **LAKE WORTH FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VD**  
**BEEDE, GRETA**  
 STREET ADDRESS **7650 OVERLOOK DRIVE**  
 CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE  Change  Addition  
 NAME **VD**  
**COX, Jim**  
 STREET ADDRESS **4243 Garand Lane**  
 CITY-ST-ZIP **West Palm Beach FL 33406**

TITLE  Delete  
 NAME **S**  
**DEZENDORF, MAITE D**  
 STREET ADDRESS **4921 SAND DUNE CIR, APT 108**  
 CITY-ST-ZIP **WEST PALM BCH FL 33417**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **TD**  
**KING, JEAN M.**  
 STREET ADDRESS **11886 N 54TH ST**  
 CITY-ST-ZIP **ROYAL PALM BEACH FL**

TITLE  Change  Addition  
 NAME **TD**  
**ADAIR, Janet K.**  
 STREET ADDRESS **3642 High Pine Drive**  
 CITY-ST-ZIP **Coral Springs FL 33065-6011**

TITLE  Delete  
 NAME **D**  
**MCMICHAEL, DEE A**  
 STREET ADDRESS **3772 MOORINA ST #107**  
 CITY-ST-ZIP **LANTANA FL 33462**

TITLE  Change  Addition  
 NAME **D**  
**Ellen Markwood**  
 STREET ADDRESS **1213 Zill Street**  
 CITY-ST-ZIP **West Palm Beach FL 33415-4720**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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)(f), 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:

*[Handwritten Signature]*  
 SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-10-00**

Date

Daytime Phone #

**(561) 737-2227**

CR2E037 (9/99)