

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90365 023 \*\*\*\*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

UUU43248



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0488705

Applied For

Not Applicable

Zip

Country

Zip

Country

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 \_\_\_\_\_

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**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PD	FLATLEY, RACHEL	7135 PIGEON KEY WAY	LAKE WORTH FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	COX, JIM	4243 GARAND LANE	WEST PALM BEACH FL 33406	<input checked="" type="checkbox"/>	VD	BYRNE, KIM	19866 BLACK FALCON ROAD	LOXAHATCHEE FL 33470	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S	DEZENDORF, MAITE D	4921 SAND DUNE CIR, APT 108	WEST PALM BCH FL 33417	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TD	ADAIR, JANET K	3642 HIGH PINE DRIVE	CORAL SPRINGS FL 33065-6011	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	MARKWOOD, ELLEN	1213 ZILL STREET	WEST PALM BEACH FL 33415-4720	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rachel T. Flatley

4/23/01

Date

561-966-1367

Daytime Phone #

CR2E037 (10/00)