

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000036692

1. Entity Name

TEACHERS EXCHANGE, INC.

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90102 005 ***150.00

Principal Place of Business

122 S. KENTUCKY AVE.
LAKELAND FL 33801
US

Mailing Address

4630 LITTLE GROVE LANE
LAKELAND FL 33813

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 **65-0588326**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRUORTON, BONNIE
4630 LITTLE GROVE LANE
LAKELAND FL 33813

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PS
NAME BRUORTON, BONNIE
STREET ADDRESS 4630 LITTLE GROVE LANE
CITY-ST-ZIP LAKELAND FL 33813 ☐ Delete

TITLE VT
NAME GRAHAM, SHEILA
STREET ADDRESS 246 W. SOCRUM LOOP ROAD
CITY-ST-ZIP LAKELAND FL 33809 ☐ Delete

TITLE D
NAME BRUORTON, ROBERT H
STREET ADDRESS 4630 LITTLE GROVE LANE
CITY-ST-ZIP LAKELAND FL 33813 ☐ Delete

TITLE D
NAME GRAHAM, RICHARD
STREET ADDRESS 246 WEST SOCRUM LOOP RD.
CITY-ST-ZIP LAKELAND FL 33809 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Bonnie Bruorton Bonnie Bruorton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

Date

863-682-6627

Daytime Phone #

CR2E034 (10/00)

0379307