

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**  
 05-15-2002 90030 014 \*\*\*150.00

NAT1061 AV

**DOCUMENT # P95000036692**

1. Entity Name  
**TEACHERS EXCHANGE, INC.**

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

**1065 S. Florida Ave**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**#1**

City & State

**Lakeland FL**

City & State

Zip

Country

Zip

**33803**

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, 2002 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** ☐ Delete  
 NAME **BRUORTON, BONNIE**  
 STREET ADDRESS **4630 LITTLE GROVE LANE**  
 CITY-ST-ZIP **LAKELAND FL 33813**

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

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

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/02 (863) 682-6627

Date Daytime Phone #

CR2E034 (9/01)