

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000105236

1. Entity Name

THE TEACHER'S APPLE, INC.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90210 012 ***150.00

Principal Place of Business

Mailing Address

21701 REEMAN DR.
UMATILLA FL 32784

21701 REEMAN DR.
UMATILLA FL 32784

2. Principal Place of Business

3. Mailing Address

419 Plaza Dr.

419 Plaza Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Eustis, FL

Eustis, FL

Zip

Country

Zip

Country

32726 USA

32726 USA

4. FEI Number

59-3322921

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

SLOCOMB, LORRAINE M
21701 REEMAN DR.
UMATILLA FL 32784

Name Deborah J. Merrill

Street Address (P.O. Box Number is Not Acceptable)

419 Plaza Dr.

City

Eustis

FL

Zip Code

32726

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

Deborah J. Merrill

Deborah J. Merrill

4/28/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME DUBOIS, DEBORAH M
STREET ADDRESS P. O. BOX 582
CITY-ST-ZIP EUSTIS FL 32727-0582

TITLE D ☒ Change ☐ Addition
NAME Merrill, Deborah J.
STREET ADDRESS 1095 Vanderbilt Drive
CITY-ST-ZIP Eustis, FL 32726

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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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:

Deborah J. Merrill

4/28/00

Date

Daytime Phone #

CR2E034 (9/99)