2000 UNIFORM BUSINESS REPORT (UBR)

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DOCU	MENT # P990000	09582	·					
TEACHER & TEACHER, INC.			. 24 43"		Land Land Land			
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Principal Plac				— 111111				
700 31 AVENUE NORTH ST. PETERSBURG FL 33704 ST. PETERSBURG FL 33704-20			049	SECRETARY OF TALLAHASSEE.		TARY OF STATE ASSEE, FLORID	A	
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2. Principal P								
2325 ULMERTON RD. 13602 FRIB. Suite, Apt. #, etc. Suite, Apt. #, etc.			ATE CT		- DO NOT WE	RITE IN THIS SPACE		
SUITE 14 N-103				}	30 NO 110	112 114 11110 017102		
City & Stat	ty & State City & State			4	. FEI Number		pplied For	
CLEA Zip	BIKWAIRK CLIPTO		Country FL		_59-3564	/ 60 75	ot Applicable	
337		33762	PINKILA	S s	Certificate of Status Desired	Fee Require		
	6. Name and Address of Current F	Registered Agent			Name and Address of New	Registered Agent		
Name TEACHER RICHARD D. SR								
TEACHER, RICHARD D.SR Street Ad					ess (P.O. Box Number is Not Acceptable)			
ST. PETERSBURG FL 33704								
	City	City O Tip Code						
				CLEARWATER FL Zip Code 33762				
8. The above named entity submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.								
SIGNATURE ENDER N. TEACHER SR 6-15-00								
SIGNATURE .	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE: R	Registered Agent signate	ure required whe		DATE		
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00								
Tax filing r	equirement and elects to do so.	After MAY 1, 2000	Fee will be \$5	550.00	10. Election Campaign F Trust Fund Contribut		00 May Be d to Fees	
(See criter	ia on back)	Make Check Payable				DISTORDING TO THE	,	
11.	OFFICERS AND E	DIRECTORS Delete	12. TILE	LV/<	ADDITIONS/CHANGES TO O	Change		
TITLE NAME	TEACHER, RICHARD D SR	L) Odists	NAME	TEAC	HER RICHARD	D. SR	<u> </u>	
STREET ADDRESS	700 31 AVENUE NORTH	STREET ADDRESS	1360	2 FEIGHTE	CT, N-103	CAZE034 (Onitibby (S)		
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STREET ADDRESS		STREET ADDRESS	DRESS 13602 PERICATE, CI,			3		
CITY-ST-ZIP			CITY-ST-ZIP	CLE	ARWATER, F	<u> 7 33762</u>		
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NAME STREET ADDRESS			STREET ADDRESS		المحاجب ويداه محجوم			
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TITLE		☐ Delete	TITLE		Ac Ac Ac	*331.25	C. Addition	
NAME Street address			NAME STREET ADDRESS	ľ		, F 0		
CITY-ST-ZIP			CITY-ST-ZIP	ļ				
MLE		☐ Delete	TITLE			☐ Change	Addition	
NAME			NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS City-St-Zip				.	
13 I horoby	certify that the information supplied with	this filing does not qualify for th	e evernation state	ted in Section	n 119.07(3)(i). Florida Statutes	s. 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 it made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execuse this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 it								
changed, or on an arrachment with an address, with all other like empowered.								
SIGNATURE: KALLO STATE KOUND D. TEACHER SA (727) 573-3333								
SIGNATURE AND TYPED DIFFRINTED NAME OF SIGNANG OFFICER OR DIRECTOR Date Dayling Phone #								