

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90145 010 ****70.00

DOCUMENT # 741857

1. Entity Name

"BASILIO SCIENTIFIC SCHOOL" SPIRITUAL SCIENCE AS SOCIATION, INC.

Principal Place of Business

Mailing Address

7226 N CORTEZ
 P O BOX 151293
 TAMPA FL 33684
 US

7226 N CORTEZ
 P O BOX 151293
 TAMPA FL 33684
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2330688

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

AVELLA, GABRIEL A.
6755 OLD PASCO RD
WESLEY CHAPEL FL 34249

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	<input type="checkbox"/> Delete
P	AVELLA, GABRIEL A.	6755 OLD PASCO RD	WESLEY CHAPEL FL 33544	<input type="checkbox"/>
VD	DARRIBA, RAUL	4316 AUTUMN LEAVES DR	TAMPA FL 33624	<input type="checkbox"/>
SD	AVELLA, PAULINA C	6755 OLD PASCO ROAD	WESLEY CHAPEL FL 33544	<input type="checkbox"/>
D	FORTE, JESUS	7437 OLCOTT DR	ZEPHYRHILLS FL	<input type="checkbox"/>
T	SANCHEZ, NORMA	11810 SWEETPEA CT	TAMPA FL 33635	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input 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)(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 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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1-20-02**
 Daytime Phone #

CR2E037 (9/01)