

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90152 041 \*\*\*\*70.00

**DOCUMENT # 758400**

1. Entity Name

**CHURCH OF SCIENTOLOGY FLAG SERVICE ORGANIZATION,**

Principal Place of Business

Mailing Address

503 CLEVELAND ST  
 CLEARWATER FL 33755  
 US

503 CLEVELAND ST  
 CLEARWATER FL 33755-4007  
 US

2. Principal Place of Business

No Change

3. Mailing Address

No Change

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2143308

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **XX**

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, ROBERT E  
 100 NORTH TAMPA STREET  
 SUITE 3500  
 TAMPA FL 33602

Name

Paul B. Johnson

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

112 S. Magnolia Avenue

City Tampa

FL

Zip Code 33601

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 Paul B. Johnson

Signature, typed or printed name of registered agent and title if applicable

*Paul B. Johnson*

(NOTE: Registered Agent signature required when reinstating)

4/30/00

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	VP	<input checked="" type="checkbox"/> Delete
NAME	ANDERSON, BRIAN	
STREET ADDRESS	210 S FORT HARRISON	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	COOK, DEBBIE	
STREET ADDRESS	210 S FT. HARRISON	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MEADOR, BARBARA	
STREET ADDRESS	118 N. FT. HARRISON	
CITY-ST-ZIP	CLEARWATER FL 34615	
TITLE	S	<input type="checkbox"/> Delete
NAME	STILO, GLEN	
STREET ADDRESS	503 CLEVELAND STREET	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	VOEGEDING, MARY	
STREET ADDRESS	118 N. FT. HARRISON	
CITY-ST-ZIP	CLEARWATER FL 34615	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHAW, BEN	
STREET ADDRESS	503 CLEVELAND ST	
CITY-ST-ZIP	CLEARWATER FL 33755	

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Story, Mary	
STREET ADDRESS	305 Cleveland Street	
CITY-ST-ZIP	Clearwater, Florida 33755	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER

GLEN E. STILO, SECRETARY

CHURCH OF SCIENTOLOGY FLAG SERVICE ORGANIZATION, INC

727-445  
 4-338  
 Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE