

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

0048213

**DOCUMENT # N00000006596**

1. Entity Name

**THE ORGANIZATION FOR PROFESSIONAL ASTROLOGY, INC**

04-18-2002 90442 049 \*\*\*\*\*70.00

Principal Place of Business

Mailing Address

~~4775 CRAYTON RD  
 NAPLES FL 34101~~

~~4775 CRAYTON RD  
 NAPLES FL 34101~~

U T I U Z



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3681709**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**PFEUFFER, WILLIAM A  
 1124 GOODLETTE RD  
 NAPLES FL 34102**

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	PD	<input type="checkbox"/> Delete
NAME	MULLIGAN, ROBERT	
STREET ADDRESS	4775 CRAYTON RD	
CITY-ST-ZIP	NAPLES FL 34101	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	WISE, ARLAN	
STREET ADDRESS	P.O. BOX 43	
CITY-ST-ZIP	CHILMARK MA 02535	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LEIGH-SERIO, SANDRA	
STREET ADDRESS	3705 BRITTING AVE	
CITY-ST-ZIP	BOULDER CO 80303	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KASHUBA, ALICE	
STREET ADDRESS	10240 DOLPHIN RD	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	ED	<input type="checkbox"/> Delete
NAME	GASSMAN, PAULA R	
STREET ADDRESS	12 SHERIDAN ST	
CITY-ST-ZIP	LEXINGTON MA 02420	
TITLE	CD	<input type="checkbox"/> Delete
NAME	RIVIERE, DIANA	
STREET ADDRESS	3533 SMUGGER WAY	
CITY-ST-ZIP	BOULDER CO 80303	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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:** *ROBERT MULLIGAN* 4/4/2002 239-261-2840  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)