

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001157

1. Entity Name

THE CENTER FOR INTERNATIONAL LOVE, PEACE, & UNIT

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90083 001 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2352 WINTERWOODS BLVD STE B ORLANDO FL 32802 US	Mailing Address PO BOX 2811 ORLANDO FL 32802-2811 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-3552087	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

SMITH, MARY ANN
~~2248 WINTER WOODS BLVD, STE H~~ *2352 Winterwood Blvd. Ste B*
 ORLANDO FL 32802-2811

7. Name and Address of New Registered Agent

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 _____ (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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SMITH, MARY A	
STREET ADDRESS	2352 WINTERWOODS BLVD STE B	
CITY-ST-ZIP	ORLANDO FL 32802-2811	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LEWIS, SHEILA	
STREET ADDRESS	2352 WW BLVD STE B	
CITY-ST-ZIP	ORLANDO FL 32802-2811	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BUSTILLOS, ^{STEP} LEONORA	
STREET ADDRESS	2352 WW BLVD STE B	
CITY-ST-ZIP	ORLANDO FL 32802-2811	
TITLE	ED	<input type="checkbox"/> Delete
NAME	WOODEN, CASSIE	
STREET ADDRESS	2352 WW BLVD STE B	
CITY-ST-ZIP	ORLANDO FL 32802-2811	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 files empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-00 407-679-9190
 Date Daytime Phone #

CR2E037 (9/99)