

**2001 UNIFORM BUSINESS REPORT (UBR)**

03-21-2001 90020 009 \*\*\*\*70.00

0006983

DOCUMENT # **N99000006983**

1. Entity Name

**AZURITE TEMPLE OF THE MELCHIZEDER CLOISTER, INC.**

*name corrected*  
*(initials)*

**FILED**  
N99000006983

**01 MAR 21 PM 1:19**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

4369 OLIVE AVE  
SARASOTA FL 34231

Mailing Address

1755 DAWN STREET  
SARASOTA FL 34231

2. Principal Place of Business

3. Mailing Address



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

**2715 TANGELO DRIVE**

Suite, Apt. #, etc.

City & State

**SARASOTA FL**

City & State

4. FEI Number

**65-0965692**

Applied For

Not Applicable

Zip

Country

**USA**

Zip

**34239**

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

**TIGUE, DIANA K**  
~~1755 DAWN STREET~~  
**SARASOTA FL 34231**

*2715 Tangelo DR*  
*SARASOTA, FL 34239*

Name

**DIANA K. DEANE**

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

**2715 TANGELO DRIVE**

City

**SARASOTA**

FL

Zip Code

**34239**

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

*Diana K. Deane*

**DIANA K. DEANE**

**02/16/01**

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

TITLE	<b>DTP</b>	<input type="checkbox"/> Delete
NAME	<b>TIGUE, DIANA K</b>	
STREET ADDRESS	<b>1755 DAWN STREET</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34231</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GRUBER, PHILIP L</b>	
STREET ADDRESS	<b>1755 DAWN STREET</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34231</b>	
TITLE	<b>CD</b>	<input type="checkbox"/> Delete
NAME	<b>CALLAWAY, MARY A</b>	
STREET ADDRESS	<b>502 SE ELLSWORTH STREET</b>	
CITY-ST-ZIP	<b>ALLENTOWN PA 18103</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SAFRON, SIDNEY DR.</b>	
STREET ADDRESS	<b>215 WEST 98 STREET</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10025</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DARLING, MARK</b>	
STREET ADDRESS	<b>7350 SOUTH TAMiami TRAIL #33</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34231</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>MS D.P.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIANA K. DEANE</b>	
STREET ADDRESS	<b>2715 TANGELO DRIVE</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34239</b>	
TITLE	<b>MR D.T.S.M</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MICHAEL C. DEANE</b>	
STREET ADDRESS	<b>2715 TANGELO DRIVE</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34239</b>	
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	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>AUDREY M. THOMAS</b>	
STREET ADDRESS	<b>57-38 VAN DORPEN ST. ART 2A</b>	
CITY-ST-ZIP	<b>CORONA NY 11368</b>	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

*Diana K. Deane*  
**DIANA K. DEANE**

**02/16/01**

Date

**941 952 1096**

Daytime Phone #

CR2E037 (10/00)

3/21