

**2000 UNIFORM BUSINESS REPORT (UBR)**

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

03-15-2000 90069 024 \*\*\*\*61.25

**DOCUMENT # 700097**  
 1. Entity Name  
**CHRISTIAN SCIENCE SOCIETY, KISSIMMEE, FLORIDA, I**

Principal Place of Business      Mailing Address  
 317 RANDOLPH AVE.      317 RANDOLPH AVE.  
 KISSIMMEE FL 34741-1975      KISSIMMEE FLA 34741

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **59-6140845**      Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**BOZEMAN, FRANCE A**  
**319 PALM CREST LANE**  
**DAVENPORT FL 33837**

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 *Alice Betty Seaman*      3-13-2000      DATE  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BOZEMAN, FRANCE</b> <b>116 CENTER CREST #116</b> <b>DAVENPORT FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>SEAMAN, BETTY</b> <b>D</b> <b>610 SORT MAGNOLIA</b> <b>KISSIMMEE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JENKINS, ROBERT</b> <b>D</b> <b>2502 SAMOA CIRCLE</b> <b>KISSIMMEE FL 34745</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Alice B. Schubert</i> <i>610 E MAGNOLIA</i> <i>KISSIMMEE FL 34744</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>CD</b> <b>Seaman Betty</b> <b>610 E MAGNOLIA</b> <b>KISSIMMEE FL 34744</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>D</b> <b>ALICE B. Schubert</b> <b>D</b> <b>610 E. MAGNOLIA</b> <b>KISSIMMEE FL 34744</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Alice Betty Seaman*      Date      Daytime Phone #  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR20037 (9/99)