

2000 UNIFORM BUSINESS REPORT (UBR)

3/

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.
 KISSIMMEE FL 34741-1975

317 RANDOLPH AVE.
 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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

BOZEMAN, FRANCE A
 319 PALM CREST LANE
 DAVENPORT FL 33837

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

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

Alice B. Schubert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20037 (9/99)