

2001 UNIFORM BUSINESS REPORT (UBR)

1/

FILED
Feb 23, 2001 8:00 am
Secretary of State

01-31-2001 90152 002 *****8.75
01-31-2001 90152 001 *****61.25

DOCUMENT # 700097

1. Entity Name

CHRISTIAN SCIENCE SOCIETY, KISSIMMEE, FLORIDA, I

Principal Place of Business

317 RANDOLPH AVE.
KISSIMMEE FL 34741-1975

Mailing Address

317 RANDOLPH AVE.
KISSIMMEE FL 34741-1975

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

X

\$8.75 Additional
Fee Required

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

Alice B. Schubert

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

610 E. MAGNOLIA

Kissimmee

City

FL 34744

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 B. Schubert Treasurer Alice B. Schubert 1-17-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES ARE \$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 CD
NAME SEAMAN, BETTY
STREET ADDRESS 610 SORT MAGNOLIA
CITY-ST-ZIP KISSIMMEE FL 34744 ☐ Delete

TITLE D
NAME JENKINS, ROBERT
STREET ADDRESS 2502 SAMOA CIRCLE
CITY-ST-ZIP KISSIMMEE FL 34745 ☒ Delete *Deceased*

TITLE D
NAME SCHUBERT, ALICE B
STREET ADDRESS 610 E MAGNOLIA
CITY-ST-ZIP KISSIMMEE FL 34744 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME CAROL Preising
STREET ADDRESS 2149 WINSLEY
CITY-ST-ZIP CHERMONT FL 34711 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 B. Schubert Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-01 846-4729

Date

Daytime Phone #

CR2E037 (10/00)