

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 706247

FILED  
Apr 25, 2003  
Secretary of State

**Entity Name:** SOUTHEASTERN YEARLY MEETING, RELIGIOUS SOCIETY OF FRIENDS, INC.

**Current Principal Place of Business:**

312 BANYAN WAY  
MELBOURNE BEACH, FL 32951

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 510795  
MELBOURNE BEACH, FL 329510795

**New Mailing Address:**

**FEI Number:** 59-1226463

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COPE-ROBINSON, LYN  
312 BANYAN WAY  
MELBOURNE BEACH, FL 32951

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: BEJNAR, TOR  
Address: 1318 W INDIANHEAD DRIVE  
City-St-Zip: TALLAHASSEE, FL 323014763 US

Title: T ( ) Delete  
Name: HAIGH, HERBERT  
Address: 651 6TH AVE. N.  
City-St-Zip: SAINT PETERSBURG, FL 33715

Title: AS ( ) Delete  
Name: COPE-ROBINSON, LYN  
Address: 312 BANYAN WAY  
City-St-Zip: MELBOURNE BEACH, FL 329512057

Title: T ( ) Delete  
Name: WEBBER, AL  
Address: 350 SE 33 TERRACE  
City-St-Zip: CAPE CORAL, FL 339044835

Title: VP ( ) Delete  
Name: ARTHUR, GARY  
Address: 1232 N. PALM WAY  
City-St-Zip: LAKE WORTH, FL 334602318 US

Title: P ( ) Delete  
Name: VAUGHEN, DAN  
Address: 1485 PERIWINKLE DRIVE  
City-St-Zip: DELAND, FL 327243043

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: T (X) Change ( ) Addition  
Name: ANDERSEN, NEIL  
Address: 98 FOX RUN CIRCLE  
City-St-Zip: CRAWFORDVILLE, FL 323272486 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYN COPE-ROBINSON

AS

04/25/2003

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date