

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711396

1. Entity Name

UNIVERSAL SHRINE OF DIVINE GUIDANCE, INC.

FILED

Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90035 020 ****61.25

Principal Place of Business

Mailing Address

74 CALETA DRIVE
CAMARILLO CA 93012-5106
US

74 CALETA DRIVE
CAMARILLO CA 93012
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6177712

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARNEGIE, ROGER DEAN
830 N. ATLANTIC AVE., B505
COCOA BEACH FL 32931

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME KARRAS, MARK A C
STREET ADDRESS 74 CALETA DRIVE
CITY-ST-ZIP CAMARILLO CA ☐ Delete

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

TITLE VSD
NAME KARRAS, EVANGELINE A
STREET ADDRESS 74 CALETA DRIVE
CITY-ST-ZIP CAMARILLO CA ☐ Delete

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

TITLE TD
NAME BENNETT, DEMETRA H KARRAS
STREET ADDRESS 28672 LAKECREST AVENUE
CITY-ST-ZIP CANYON COUNTRY CA 91351 ☐ Delete

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

TITLE D
NAME KARRAS, CONSTANTINOS G A.
STREET ADDRESS 6340 TIDEWATER ISLAND CIRCLE
CITY-ST-ZIP FORT MYERS FL 33908 ☐ Delete

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

TITLE D
NAME KARRAS, THOMAS A
STREET ADDRESS 6340 TIDEWATER ISLAND CIRCLE
CITY-ST-ZIP FORT MYERS FL 33908 ☐ Delete

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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, 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, or all other like empowered.

SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK ATHANASIOS C. KARRAS
(PRESIDENT)

February 1, 2002 (805) 388-3117

Date

Daytime Phone #

CR2E037 (9/01)