

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 719485

1. Entity Name

ASTROLOGICAL RESEARCH GUILD INCORPORATED

Principal Place of Business

7731 LAKE NELLIE RD
CLERMONT FL 34711-8696
US

Mailing Address

7731 LAKE NELLIE RD
CLERMONT FL 34711-8696
US

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 59-2298673

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

MARILYN M WHITAKER
7731 LAKE NELLIE RD
CLERMONT FL 34711

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
After September 12, 2001, min. will be \$236.25

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 VD
NAME CERUN, ANDREW ☒ Delete
STREET ADDRESS P.O. BOX 491
CITY-ST-ZIP WINDERMERE FL 34786

TITLE ~~SD~~
NAME BOHON, BETTY ☐ Delete
STREET ADDRESS 651 PARK AVENUE #1
CITY-ST-ZIP WINTER PARK FL 32789

TITLE ~~TD~~
NAME WHITAKER, MARILYN M ☒ Delete
STREET ADDRESS 7731 LAKE NELLIE RD
CITY-ST-ZIP CLERMONT FL

TITLE D
NAME PENROD, GLORIA ☐ Delete
STREET ADDRESS 7007 SEMINOLE DR
CITY-ST-ZIP ORLANDO FL

TITLE ~~PD~~
NAME PROULX, JOAN ☐ Delete
STREET ADDRESS 5090 FAYANN
CITY-ST-ZIP ORLANDO FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Vice President ☐ Change ☒ Addition
NAME Bonnie Fillon
STREET ADDRESS 5256 Gold Tree Ct
CITY-ST-ZIP Orlando FL 32808

TITLE President D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

TITLE ~~Ann~~ Secretary ☐ Change ☒ Addition
NAME Ann Volk
STREET ADDRESS Po Box 1014
CITY-ST-ZIP Deland FL 32721

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: Marilyn M. Whitaker Marilyn Whitaker 8-1-01 352-394-6645

FILED
Aug 07, 2001 8:00 am
Secretary of State

08-07-2001 90003 047 ****61.25



DO NOT WRITE IN THIS SPACE

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