## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **FILED DOCUMENT # 722708** May 15, 2000 8:00 am 1. Entity Name Secretary of State . ST. PETERSBURG CHURCH OF RELIGIOUS SCIENCE, INC. 05-15-2000 90296 029 \*\*\*\*61.25 Principal Place of Business Mailing Address 5200 - 29TH AVENUE NORTH 5200 - 29TH AVENUE NORTH ST PETERSBURG FL 33710-3402 ST PETERSBURG FL 33710 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 94-2835301 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 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) PINKSTON, JOAN C. 5200 - 29TH AVENUE NORTH ST PETERSBURG FL 33710 Zip Code City 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) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be $\Box$ Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Delete TITLE ☐ Change ★ Addition NAME MCELHANEY > STEPHANTE. NAME EDWARDS, LAURIE 7671 16TH AVENUE NORTH STREET ADDRESS STREET ADDRESS 545 29TH AVE N. CITY-ST-ZIP ST PETERSBURG FL CITY-ST-ZIP ST PETERSBURG FL 33704 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME SMITH, DALE STREET ADDRESS STREET ADDRESS 7152 SANDY LANE CITY-ST-ZIP CITY-ST-ZIP <u>WESLEY CHAPEL FL 33544</u> Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME MARKS, PEGGIE STREET ADDRESS STREET ADDRESS 4628 CYPRESS WAY S CITY-ST-ZIP CITY-ST-7IP SAINT PETERSBURG FL 33705 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME ROBERTS, NORMA STREET ADDRESS STREET ADDRESS 2005 12TH AVE S CITY-ST-ZIP CITY-ST-7IP SAINT PETERSBURG FL 33712 **★** Addition Change TITLE Delete TITLE SACHS, WILLIAM NAME SEARS, CLAIRE NAME 3051 BEACH DRIVE SOUTH STREET ADDRESS STREET ADDRESS 8198 TERR GARDEN DR #101 · FL CITY-ST-ZIP 33707 CITY-ST-ZIP SAINT PETERSBURG FL 33709 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME WOOD, CECILE NAME STREET ADDRESS STREET ADDRESS 508 12TH AVE N CITY-ST-ZIP CITY-ST-ZIP SAINT PETERSBURG FL 33701 12. Thereby 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