

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2002 8:00 am**  
**Secretary of State**

01-30-2002 90152 033 \*\*\*\*70.00

**DOCUMENT # 723435**

1. Entity Name

**RELIGIOUS COMMUNITY SERVICES, INC.**

Principal Place of Business

Mailing Address

1855 HIGHLAND AVE S  
 CLEARWATER FL 33756-1750  
 US

1855 HIGHLAND AVE. S.  
 CLEARWATER FL 33756-1850

00010110



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1309186**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**DICKMAN, RON W EXECUTI**  
**4104 W PLATT ST**  
**TAMPA FL 33609**

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: **TD**  Delete  
 NAME: **MARSH, AMBROSE**  
 STREET ADDRESS: **1100 BELCHER RD S #548**  
 CITY-ST-ZIP: **LARGO FL 33771**

TITLE: **TD**  Change  Addition  
 NAME: **Kurtz, Joel**  
 STREET ADDRESS: **2049 Hillwood Drive**  
 CITY-ST-ZIP: **Clearwater, FL 33763**

TITLE: **P**  Delete  
 NAME: **TRAUTWEIN, BILL**  
 STREET ADDRESS: **1949 LOS LOMAS DR**  
 CITY-ST-ZIP: **CLEARWATER FL 33763**

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

TITLE: **D**  Delete  
 NAME: **DICKMAN, RON W**  
 STREET ADDRESS: **4104 W PLATT ST**  
 CITY-ST-ZIP: **TAMPA FL 33609**

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

TITLE: **SD**  Delete  
 NAME: **COLE, BECKY**  
 STREET ADDRESS: **925 BAY ESPLANADE**  
 CITY-ST-ZIP: **CLEARWATER FL 33767**

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

TITLE: **V**  Delete  
 NAME: **STIERS, CHARLES E**  
 STREET ADDRESS: **5 GATESHEAD #302**  
 CITY-ST-ZIP: **DUNEDIN FL 34698**

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

TITLE:  Delete  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:   
 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 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: **RON DICKMAN** 1-11-02 (727) 584-3528

CR2E037 (9/01)