

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729198

1. Entity Name

RELIGIOUS SCIENCE OF THE PALM BEACHES, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90843 026 ****61.25

Principal Place of Business

Mailing Address

13831 188TH PL N
 JUPITER FL 33478
 US

P.O. BOX 33114
 PALM BEACH GARDENS. FL 33420-3114

2. Principal Place of Business

3. Mailing Address

354 Cypress Drive
 Suite, Apt. #, etc.

Same PO Box 33114
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Tequesta FL

Palm Beach Gardens FL

4. FEI Number

59-1531254

Applied For

Not Applicable

Zip

Country

Zip

Country

33469 Palm Beach

33420 Palm Beach

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

~~RODBER, JANE E.~~
~~13831 188TH PLACE NORTH~~
~~JUPITER FL 33478~~

Name: Jack Bower, Esq.
 Street Address (P.O. Box Number is Not Acceptable): 5296 Eagle Lake Dr.
 City: Palm Beach Gardens FL Zip Code: 33471

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: Jack Bower (Signature, typed or printed name of registered agent and title if applicable.)
 Signature: [Handwritten Signature] (NOTE: Registered Agent signature required when reinstating)
 DATE: 4/30/2000

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	D	<input type="checkbox"/> Delete
NAME	QUEST, DON	
STREET ADDRESS	320 KELSEY PARK CIRCLE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BENNETT, CANDACE	
STREET ADDRESS	320 KELSEY PARK CIRCLE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STACKMAN, JACKIE	
STREET ADDRESS	500 EXECUTIVE COURT DRIVE, #K-3	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	RODBER, JANE	
STREET ADDRESS	13831 188TH PLACE NORTH	
CITY-ST-ZIP	JUPITER FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	RODBER, JOHN	
STREET ADDRESS	13831 188TH PLACE	
CITY-ST-ZIP	JUPITER FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RASP, BARBARA	
STREET ADDRESS	1703 WATERVIEW CIRCLE	
CITY-ST-ZIP	PALM SPRINGS FL 33461	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chris Bower	
STREET ADDRESS	5296 Eagle Lake Drive	
CITY-ST-ZIP	Palm Beach Gardens, FL 33437	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Linda Holtz	
STREET ADDRESS	2110 N.E. 32nd Street	
CITY-ST-ZIP	Lighthouse FL 33064	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rick Holtz	
STREET ADDRESS	2110 N.E. 32nd Street	
CITY-ST-ZIP	Lighthouse FL 33064	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: [Handwritten Signature] DONALD R. QUEST 4/30/00 561-626-9333
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)