

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90084 030 \*\*\*\*61.25

**DOCUMENT # 729198**

1. Entity Name

**RELIGIOUS SCIENCE OF THE PALM BEACHES, INC.**

Principal Place of Business

Mailing Address

**3970 RCA BLVD  
 SUITE 7016  
 WEST PALM BEACH FL 33410  
 US**

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

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

**59-1531254**

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

**BOWEN, JACK E  
 3269 EAGLE LAKE DRIVE  
 WEST PALM BEACH FL 33418**

Name **SANDRA J. MARCHMAN**

Street Address (P.O. Box Number is Not Acceptable)  
**691 SNEAD CIR.**

City **W. Palm Bch, FL** Zip Code **33413-1250**

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.

**SANDRA J. MARCHMAN**

SIGNATURE *Sandra J Marchman*

**4/30/2002**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BOWEN, JACK E 5269 EAGLE LAKE DRIVE WEST PALM BEACH FL 33418</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD MARCHMAN, SANDRA J 691 SNEAD CIRCLE WEST PALM BEACH FL 33413-1250</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD BOWEN, CHRISTINE 5269 EAGLE LAKE DRIVE WEST PALM BEACH FL 33418</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD MARCHMAN, JENNIFER C 5190 KIM COURT WEST PALM BEACH FL 33415</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MANGELSEN, LEE 322 MAPLE CREST CIRCLE JUPITER FL 33458</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD SANDRA J. MARCHMAN 691 SNEAD CIR W. PALM BEACH, FL 33413-1250</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD DR. ALLAN JACOBS P.O. BOX 1224 LOXAHATCHEE, FL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD JENNIFER MARCHMAN 5190 KIM COURT W. PALM BEACH, FL 33415</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LYDA BARRERA 11691 BANYAN DR. P. B. GARDENS, FL 33410-2601</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Sandra J Marchman*

**4/30/2002**

**561-683-3564**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)