

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750881

1. Entity Name

CHURCH OF SCIENTOLOGY OF TAMPA, INC.

**FILED**  
**Feb 07, 2002 8:00 am**  
**Secretary of State**

02-07-2002 90068 001 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3617 HENDERSON BLVD. TAMPA FL 33609	3617 HENDERSON BLVD. TAMPA FL 33609

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number	59-2001225	Applied For
5. Certificate of Status Desired	<input checked="" type="checkbox"/>	Not Applicable
\$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent

PULLIAM, ROY D  
2522 PALM DR  
TAMPA FL 33609

7. Name and Address of New Registered Agent

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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	NEEDY, EARLENE	
STREET ADDRESS	1345 S DUNCAN AVENUE	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PAYSON, SHERI	
STREET ADDRESS	1800 SALEM CT	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DEVOE, AMY	
STREET ADDRESS	1548 SOUTH LAKE AVENUE	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input 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: Earlene Needy RE: Earlene Needy Jan 21, 2002 813872-0722  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #