## 2002 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 761911**

1. Entity Name

## THE CHURCH OF SCIENTOLOGY OF ORLANDO, INC.

Principal Place of Business		Mailing Address								
1830 E COLONIAL ORLANDO FL 32803 US		1830 E COLONIAL ORLANDO FL 32803 US				4ូមស្តប៖				
<u></u>		Lo Marillan Address								
2. Principal Place of Business		3. Mailing Address			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. FEI Number	4. FEI Number 59-2153243			lied For Applicable		
Zip	Country	Zip	Cou	ntry	5. Certificate of S	tatus Desired	\$8.7 Fee 1	<b>75</b> Addit Required	ional	
	6. Name and Address of Current	Registered Agent	·1 · · · ·		7. Name and Add	iress of New Reg	istered Agen	t		
	O. Hame and Address of Carrent			Name			-			
GOODWIN	N, NANCY S		Street Address (			(P.O. Box Number is Not Acceptable)				
1830 E. COLONIAL DRIVE					127					
ORLANDO FL 32803							FL 2	Zip Code		
5 Tl l	named entity submits this statement f	or the ournose of changing it	s registere	ed office or r	egistered agent, or both, in	n the state of Florid	la.	****		
a. The above	fiamed entity submits this statement	or the purpose of changing in								
SIGNATURE _		And the if and inchin	TE: Recietore	Agent signature	e required when reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE			
	Signature, typed or printed name of registered agen	trand the il applicable.	TE. Hagistoro	, rigorii digiratori		<del></del>		-		
FILE NOW: FEE IS \$61.25										
F	FILE NOW: FEE IS \$61.25	9. Election Ca Trust Fund			\$5.00 May Be Added to Fees		e Check Pa partment o		o	
		Trust Fund	Contribut		Added to Fees	De	partment o	f State		
10.	OFFICERS AND D	Trust Fund	Contribut	on. [		De	partment o	f State		
10. TITLE	OFFICERS AND D	Trust Fund	Contribut	on. [	Added to Fees	De	partment o	f State	10	
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12. I hereby certify that the information supplied with this filling 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 exemplanced.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

May 24, 2002 8:00 am Secretary of State 05-24-2002 90556 035 \*\*\*\*70.00