

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90105 039 \*\*\*\*61.25

**DOCUMENT # 809568**

1. Entity Name

**UNIVERSAL CHURCH OF THE MASTER**

Principal Place of Business

Mailing Address

501 WASHINGTON ST.  
 SANTA CLARA CA 95050

501 WASHINGTON ST.  
 SANTA CLARA CA 95050-4945

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

**94-1568983**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, RICHARD**  
**20251 HASKINS RD**  
**NO FT MYERS FL 33917**

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  Delete  
 NAME **SD**  
 CLARK, SANDRA  
 STREET ADDRESS **1417 ROCKLIN CT**  
 CITY-ST-ZIP **SAN JOSE CA 95131**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **PD**  
 STILLMAN, LAVONA  
 STREET ADDRESS **147 QUAIL HOLLOW DR.**  
 CITY-ST-ZIP **SAN JOSE CA**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **TD**  
 EDWARDS, BEN  
 STREET ADDRESS **4638 CONSTANCE DR**  
 CITY-ST-ZIP **SAN DIEGO CA 92115**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
 GARRY, THOMAS  
 STREET ADDRESS **2612 WALLACE STREET**  
 CITY-ST-ZIP **SANTA CLARA CA**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VD**  
 CLARK, SANDRA  
 STREET ADDRESS **1417 ROCKLIN CT.**  
 CITY-ST-ZIP **SAN JOSE CA**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
 FITZGERALD, CAROL  
 STREET ADDRESS **1325 COWPERST**  
 CITY-ST-ZIP **PALO ALTO CA 94301**

TITLE  Change  Addition  
 NAME **D**  
 ANGELA DeBRY  
 STREET ADDRESS **444 Mansion Park Drive**  
 CITY-ST-ZIP **Santa Clara, CA 95054**

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 Clark* **REQUIRED Vice President 1/5/00 408-248-3624**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)