

2002 UNIFORM BUSINESS REPORT (UBR)

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

02-07-2002 90165 026 ****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**

2. Principal Place of Business

100 West RINCON

3. Mailing Address

100 West RINCON

Suite, Apt. #, etc.

222

Suite, Apt. #, etc.

222

City & State

Campbell CA

City & State

Campbell CA

Zip

95008

Country

USA

Zip

95008

Country

USA

4. FEI Number

94-6129988

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

TITLE **P** Change Addition
 NAME **Sandra Clark**
 STREET ADDRESS **1417 ROCKLIN CT**
 CITY-ST-ZIP **SAN JOSE CA 95131**

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE **VD** Change Addition
 NAME **THOMAS GARRY**
 STREET ADDRESS **2612 WALLACE STREET**
 CITY-ST-ZIP **SANTA CLARA CA 95051**

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

TITLE **S** Change Addition
 NAME **Felicia Mulhoney**
 STREET ADDRESS **1516 CURTISS AVE**
 CITY-ST-ZIP **SAN JOSE CA 95125**

TITLE **D** Delete
 NAME **DERBY, ANGELA**
 STREET ADDRESS **2434 RAGGIO AVE**
 CITY-ST-ZIP **SANTA CLARA CA 95051**

TITLE Change 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:

Sandra Clark President

1/21/02

408370 6519

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)