

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90050 036 \*\*\*\*61.25

**DOCUMENT # 836957**

1. Entity Name

**AQUARIAN FOUNDATION**

Principal Place of Business

**315 15TH AVE. EAST  
 SEATTLE WA 98112**

Mailing Address

**315 15TH AVE. EAST  
 SEATTLE WA 98112**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **91-6050343**

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

**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD WERNER, J 1448 PINES T #102 SAN FRANCISCO CA 94109	<input type="checkbox"/>		
SD TURNER, N. DR. 1448 PINE ST #102 SAN FRANCISCO CA 94109	<input type="checkbox"/>		
D O'CONNELL, M. 1415 VICTORIA ST #110 HONOLULU HI 96822	<input checked="" type="checkbox"/>	N. Litman 315 15th Ave. E. Seattle, WA. 98112	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D WALTON, D 315-15TH AVE EAST SEATTLE WA 98112	<input type="checkbox"/>		
T WITHERS, ALAN R. 416-35TH AVENUE SEATTLE WA	<input type="checkbox"/>		
VP BICKERSTAFF, T. 5040 COMANCHE DR #87 LA MESA CA 91941	<input type="checkbox"/>		

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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-02

Date

206  
328-6046

Daytime Phone #

CR2E037 (9/01)