

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90966 046 ****61.25

DOCUMENT # F02000005028

1. Entity Name
CENTER FOR INQUIRY, INC.



Principal Place of Business

**5141 SEMINOLE BLVD.
ST. PETERSBURG FL 33708**

Mailing Address

**P.O. BOX 8099
MADEIRA BEACH FL 33738-8099**

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 **16-1553469**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**VAN PELT, TONI
5141 SEMINOLE BLVD.
ST. PETERSBURG FL 33708**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **P KURTZ, PAUL**
STREET ADDRESS **118 COVENT GARDEN LANE**
CITY-ST-ZIP **WILLIAMSVILLE NY 14221**

TITLE ☐ Delete
NAME **V BULLOUGH, VERN**
STREET ADDRESS **3304 W. SIERRA DRIVE**
CITY-ST-ZIP **WESTLAKE VILLAGE CA 91362**

TITLE ☒ Delete
NAME **S JONES, LAWERENCE**
STREET ADDRESS **170-A CHAMBERLAIN HILL ROAD**
CITY-ST-ZIP **EAST GREENBUSH NY 12061**

TITLE ☐ Delete
NAME **T LEVEE, JOSEPH**
STREET ADDRESS **671 RIESLING KNOLL**
CITY-ST-ZIP **CINCINNATI OH 45226-1735**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME **BOARD MEMBER "D"**
STREET ADDRESS **LOEB EISLER, JAN**
CITY-ST-ZIP **13336 GULF BOULEVARD #304**
MADEIRA BEACH FL 33708-2551

TITLE ☐ Change ☒ Addition
NAME **SECRETARY "S"**
STREET ADDRESS **FLYNN, THOMAS**
CITY-ST-ZIP **175 NORTH ST. #B-1**
BUFFALO NY 14201-1503

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **SIGNATURE REQUIRED PAUL KURTZ**

2/13/2003 (716) 636-7571

CR2E037 (10/02)