

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

**FILED**  
**Jan 14, 2003 8:00 am**  
**Secretary of State**

01-14-2003 90084 025 \*\*\*\*61.25

**DOCUMENT # NO1000004385**

1. Entity Name

**THE JOURNAL OF PHILOSOPHY, SCIENCE & LAW, INC.**



Principal Place of Business

**9810 WEATHERVANE MANOR  
PLANTATION FL 33324**

Mailing Address

**740 SIDNEY MARCUS BLVD NE  
APARTMENT 3105  
ATLANTA GA 30324**

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 **65-1119487**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BORENSTEIN, JASON  
9810 WEATHERVANE MANOR  
PLANTATION FL 33324**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
NAME **BMD**  
STREET ADDRESS **GOLDMAN, KENNETH W**  
CITY-ST-ZIP **P.O. BOX 016990 UNIVERSITY OF MIAMI  
MIAMI FL 33101**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **BMD**  
STREET ADDRESS **KOSTICK, JEFFREY**  
CITY-ST-ZIP **7520 NW 5TH STREET STE 201  
PLANTATION FL 33317**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **BMD**  
STREET ADDRESS **DUNDORF, SARA**  
CITY-ST-ZIP **6151 SW 80 STREET  
S MIAMI FL 33143**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **BMD**  
STREET ADDRESS **PEARSON, YVETTE**  
CITY-ST-ZIP **1415 LEIGH STREET # A-2  
NORFOLK VA 23507**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **BMD**  
STREET ADDRESS **BORENSTEIN, JASON**  
CITY-ST-ZIP **740 SIDNEY MARCUS BLVD NE APT 3105  
ATLANTA GA 30324**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/03

(404) 734-6018

CR2E037 (10/02)