

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000007402

1. Entity Name

CHURCH OF SCIENTOLOGY MISSION OF SARASOTA, INC.

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 90722 009 ****70.00

Principal Place of Business

Mailing Address

6576 SUPERIOR AVE
 SARASOTA FL 34231-5836

6576 SUPERIOR AVE
 SARASOTA FL 34231-5836

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

65-1125042

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

WILHITE, VIRGIL S III
 8701 SWMINOLE BLVD
 SEMINOLE FL 33772

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 D ☐ Delete
 NAME WILHITE, COLLEEN
 STREET ADDRESS 6576 SUPERIOR AVE
 CITY-ST-ZIP SARASOTA FL 34231-5836

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

TITLE D ☐ Delete
 NAME THOMAS, SUSAN
 STREET ADDRESS 6576 SUPERIOR AVE
 CITY-ST-ZIP SARASOTA FL 34231-5836

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

TITLE D ☐ Delete
 NAME HALE, JAN
 STREET ADDRESS 6576 SUPERIOR AVE
 CITY-ST-ZIP SARASOTA FL 34231-5836

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

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Colleen WilHITE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17 May '02

(941) 926-2466

Date

Daytime Phone #

CR2E037 (9/01)