

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

FILED
Mar 03, 2003 8:00 am
Secretary of State

02-21-2003 90169 043 ****61.25

DOCUMENT # N10350

1. Entity Name

TAMPA BAY CENTER OF RELIGIOUS SCIENCE, INC.



Principal Place of Business

**1800 E BUSCH BLVD.
TAMPA FL 33617
JS**

Mailing Address

**4600 E BUSCH BLVD.
TAMPA FL 33617
US**

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 **59-2594430**

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

**ACKERMAN, NICHIA C REV.
4600 E. BUSCH BLVD.
TAMPA FL 33617**

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

2-10-03

Signature of Registered Agent (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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PT
GIESLER, JEANIE
4600 E BUSCH BLVD
TAMPA FL 33617**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
COLMAN-ACKERMAN, NICHIA REV.
4600 E BUSCH BLVD.
TAMPA FL 33617**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
WOOTEN, ANN
2030 HAMPSTEAD CIR
SUN CITY CENTER FL**

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**LEWIS, MARGARET
4600 E BUSCH BLVD
TAMPA FL 33617**

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CR2E037 (10/02)

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:

NICHIA COLMAN ACKERMAN - 1-31-03

Signature of Signing Officer or Director

Date

Daytime Phone #