

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90184 020 ****61.25

DOCUMENT # N25639

1. Entity Name

THE AQUARIAN METAPHYSICAL CENTER INC.

Principal Place of Business

Mailing Address

12800 COUNTY RD 49
 LIVE OAK FL 32060
 US

12800 COUNTY RD 49
 LIVE OAK FL 32060-7055
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2948173**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILSON, ORDESTA H REV
12800 COUNTY ROAD 49
LIVE OAK FL 32060

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 *X Ordesta H. Wilson*

2-7-00

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	PD	<input type="checkbox"/> Delete
NAME	WILSON, ORDESTA H.	
STREET ADDRESS	12800 COUNTY ROAD 49	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LEE, LYNDALL W	
STREET ADDRESS	12800 COUNTY RD 49	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE	STD	<input type="checkbox"/> Delete
NAME	CHARLES E. THROWER	
STREET ADDRESS	515 MAHAGONY DR	
CITY-ST-ZIP	SEFFINER FL FL 33584	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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: *X Ordesta H. Wilson*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/00 *904-364-5288*
 Date Daytime Phone #