

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41267

1. Entity Name

BODY LIFE FELLOWSHIP, INTERNATIONAL EDUCATIONAL

Principal Place of Business

3221 OSAGE DRIVE
ZEPHYRHILLS FL 33541

Mailing Address

3221 OSAGE DRIVE
ZEPHYRHILLS FL 33541

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

59-3045406

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

RUDEGEAIR, CLARENCE W.
3221 OSAGE DRIVE
ZEPHYRHILLS FL 33541

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
RUDEGEAIR, CLARENCE W.
3221 OSAGE DRIVE
ZEPHYRHILLS FL

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
RUDEGEAIR, WA LOU
1308 HORSE TREE CT
VALRICO FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
IVA LOU CORBIN
701 RUSSELL LAL. #104
BRANDON, FL, 33510
☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
PAULOVKIN, KENNETH J.
18574 DENNINGTON CT
LEESBURG VA

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PAUL HUNTS BERRY
7912 FLOWERFIELD RD.
TAMPA, FL 33615-2124
☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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:

CLARENCE W. RUDEGEAIR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan 15, 2001

CR2E037 (10/00)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90004 050 ***170.00



DO NOT WRITE IN THIS SPACE