

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90176 033 ****61.25

DOCUMENT # N45511

1. Entity Name

**THE CHRISTIAN SCIENCE ASSOCIATION OF THE STUDENT
 S OF SUZANNE M. COWIN, C.S.B., INC.**

Principal Place of Business

Mailing Address

**1515 N. FEDERAL HWY.
 SUITE 300
 BOCA RATON FL 33432**

**1515 N. FEDERAL HWY.
 SUITE 300
 BOCA RATON FL 33432**

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

65-0266265

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

**COWIN, SUZANNE M
 1515 N. FEDERAL HWY.
 SUITE 300
 BOCA RATON FL 33432**

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 ☐ Delete
 NAME **D COWIN, SUZANNE**
 STREET ADDRESS **1515 N. FEDERAL HWY., SUITE 300**
 CITY-ST-ZIP **BOCA RATON FL**

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

TITLE ☐ Delete
 NAME **T RATTRAY, RENEE**
 STREET ADDRESS **21 SW 5TH WAY**
 CITY-ST-ZIP **BOCA RATON FL**

TITLE ☒ Change ☐ Addition
 NAME **T RATTRAY, RENEE**
 STREET ADDRESS **6454 VIA ROSA**
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE ☐ Delete
 NAME **D NEW, LAUREL A**
 STREET ADDRESS **8465 HAMDEN RD.**
 CITY-ST-ZIP **JACKSONVILLE FL 32244**

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

TITLE ☐ Delete
 NAME **D CHABONAI, ALISON**
 STREET ADDRESS **10875 JOLEN AVE.**
 CITY-ST-ZIP **BONITA SPRINGS FL 33923**

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

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: **RENEE RATTRAY**

1/25/02 (361) 367-1757

CP2E037 (9/01)