## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Jun 07, 2000 8:00 am Secretary of State **DOCUMENT # N48839** THE FLORIDA INSTITUTE OF RELIGIOUS STUDIES, INC. 05-11-2000 90298 046 \*\*\*\*70.00 Principal Place of Business Mailing Address 1400 E. OAKLAND PK. BLVD. 300 CITY VIEW DRIVE FT. LAUDERDALE FL 33311-9159 FT. LAUDERDALE FL 33334 US 2. Principal Place of Business 300 City View L 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number. 65-0380509 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BRIMBERRY, ALEXIS -300 CITY VIEW DRIVE FT. LAUDERDALE FL 33311 Zip Code City 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 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be **FILE NOW:** Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. (66/6) noiribbA 🔲 Delete Change TITLE TITLE BRIMBERRY, ALEXIS C NAME **CR2E037** STREET ADORESS 300 CITY VIEW DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33311 K Change ☐ Addition TITLE TITLE Oelete NAME CLEVELAND, SUSAN NAME STREET ADDRESS STREET ADDRESS 358 CITY VIEW DRIVE CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33311 ☐ Addition Change Delete TITLE TITLE PRUITT, SHARI NAME NAME STREET ADDRESS 120 ISLAND DRIVE STREET ADDRESS CITY-ST-ZIP OTT: OT ZE ANDERSONVILLE TN 37705 ☐ Addition Delete TITLE Change DILE CARSON, DOUGLAS R NAME STREET ADDRESS 3000 SUNRISE LAKES DRIVE, #424 CITY-ST-7IP ST. 25 SUNRISE FL 33322 Addition Change ☐ Delete TITLE NAME STREET ADDRE IS CITY-ST-ZIP ST ZP **DA**pition Change ☐ Delete MLE NAME STREET ADDRESS

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes, I full the 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 redeiver 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 in the corporation of the redeiver 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 in the corporation of the redeiver 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 in the corporation of the redeiver 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 in the corporation of the redeiver 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 in the corporation of the redeiver of the corporation of the corporation of the redeiver of the corporation of the redeiver of the corporation of the corporation of the redeiver of the corporation of the corporati in Block 10 or Block 11 if 954

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