

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90004 039 ****70.00

DOCUMENT # N48839

1. Entity Name

THE FLORIDA INSTITUTE OF RELIGIOUS STUDIES, INC.

Principal Place of Business

**300 CITY VIEW DRIVE
 FORT LAUDERDALE FL 33311
 US**

Mailing Address

**300 CITY VIEW DRIVE
 FT. LAUDERDALE FL 33311**

000010

2. Principal Place of Business

**1451 W. Cypress Creek
 Suite, Apt. #, etc. Road
 Suite 300**

3. Mailing Address

**1451 W. Cypress
 Suite, Apt. #, etc. Road
 Suite 300**

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

Zip

33309

Country

U.S.A.

Zip

33309

Country

U.S.A.

4. FEI Number

65-0380509

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BRIMBERRY, ALEXIS
 300 CITY VIEW DRIVE
 FT. LAUDERDALE FL 33311**

7. Name and Address of New Registered Agent

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

Alexis C. Brimberry

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

04/05/01

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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	BRIMBERRY, ALEXIS C	
STREET ADDRESS	300 CITY VIEW DRIVE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE	VPSD	<input checked="" type="checkbox"/> Delete
NAME	CLEVELAND, SUSAN	
STREET ADDRESS	225 CITY VIEW DRIVE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PRUITT, SHARI	
STREET ADDRESS	120 ISLAND DRIVE	
CITY-ST-ZIP	ANDERSONVILLE TN 37705	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cossy, Mary Anne	
STREET ADDRESS	1155 So. Hillsboro Mile, Apt. 610	
CITY-ST-ZIP	Hillside Beach, FL 33062	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Esmonde, Patricia A.	
STREET ADDRESS	1401 So. Ocean Blvd., #209	
CITY-ST-ZIP	Boca Raton, FL 33432	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/00)

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:

Alexis C. Brimberry (ALEXIS C. BRIMBERRY)

04/05/01