

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004022

1. Entity Name

TAMPA RELIGIOUS SCIENCE CENTER, INC.

Principal Place of Business

406 N REO ST
406 N REO ST #136
TAMPA FL 33609
US

Mailing Address

406 N REO ST
#136
TAMPA FL 33609-1014

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

59-3186332

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEEN, ROBERT A III
6401 S WESTSHORE BLVD
#1111
TAMPA FL 33616

7. Name and Address of New Registered Agent

Name Cynthia Clemments

Street Address (P.O. Box Number is Not Acceptable)

~~14614 Turtle Creek Cir #409~~
604 B Talwood Circle

City

Brandon

FL

Zip Code

33510

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

Cynthia Clemments

4/9/00

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

TITLE	PTD	<input checked="" type="checkbox"/> Delete
NAME	DEEN, ROBERT A III	
STREET ADDRESS	6401 S WESTSHORE BLVD #1111	
CITY-ST-ZIP	TAMPA FL 33616	
TITLE	VPTD	<input checked="" type="checkbox"/> Delete
NAME	COOK, PATRICIA	
STREET ADDRESS	13523 BELLINGHAM DRIVE	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE	JD	<input type="checkbox"/> Delete
NAME	CRAFT, STACEY	
STREET ADDRESS	2005 BELLE CHASE CIR	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	CLEMENTS, CYNTHIA	
STREET ADDRESS	14614 TURTLE CREEK CIR #409	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	Marilyn Smith	<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	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cynthia Clemments	
STREET ADDRESS	604 B Talwood Circle	
CITY-ST-ZIP	Brandon, FL 33510	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stacey Craft	
STREET ADDRESS	2005 Belle chase circle	
CITY-ST-ZIP	Tampa, FL 33634	
TITLE	M.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marilyn Smith	
STREET ADDRESS	PO Box 8695	
CITY-ST-ZIP	Seminole FL 33715	
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		

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:

Stacey Craft, Secretary

4/9/00

Date

813-
282-9454

Daytime Phone #

CR2E037 (9/93)