

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004022

1. Entity Name

TAMPA RELIGIOUS SCIENCE CENTER, INC.

FILED

Apr 09, 2001 8:00 am

Secretary of State

04-09-2001 90083 001 \*\*\*\*61.25

00033100



DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3186332

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CLEMMENTS, CYNTHIA  
604 B TALWOOD CIRCLE  
BRANDON FL 33510

Name

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

1626 Southwind Dr

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

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	PTD DEEN, ROBERT A III 6401 S WESTSHORE BLVD #1111 TAMPA FL 33616 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD COOK, PATRICIA 13523 BELLINGHAM DRIVE TAMPA FL 33625 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CRAFT, STACEY 2005 BELLE CHASE CIR TAMPA FL 33634 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CLEMMENTS, CYNTHIA 14614 TURTLE CREEK CIR #409 LUTZ FL 33549 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Clemments Cynthia Pres <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1626 Southwind Dr BRANDON FL 33510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director MARKS, PEGGIE 4628 Cypress Way South St Petersburg, FL 33705 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CRAFT, STACEY Vice Pres <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15705 Warbler Pl TAMPA FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-01

Date

Daytime Phone #

813-744-2206

CR2E037 (10/00)