## 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # N9400000630 Apr 17, 2000 8:00 am Secretary of State 1. Entity Name THE TEMPLE OF THE TAO INC. 04-17-2000 90079 004 \*\*\*\*61.25 Principal Place of Business Mailing Address 17500 RICHLAND DR 17500 RICHLAND DR PORT CHARLOTTE FL 33953 PORT CHARLOTTE FL 33953-3128 2. Principal Place of Business 3. Mailing Address 1200 HMherst 1200 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For Charlotte -65-0468148--Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name นรร Sco Street Address (P.O. Box Number is Not Acceptable) HUSS, SCOTT L 200 Amherst 17500 RICHLAND DR PORT CHARLOTTE FL 33953 MONTH WORLD GOOD or 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. 5世間で ١, 2000 SIGNATURE . Signature, typed or printed name of registered agent and title if applicable **FILE NOW:** 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE D ☐ Delete TITLE Change Addition Michaud Michael NAME DELLAMURA, NANCY NAME STREET ADDRESS Harbor STREET ADDRESS 428 HAZELWOOD RD. CITY-ST-ZIP Charlotte, CITY-ST-ZIP VENICE FL 34293 Delete ☐ Change **⊈** Addition TITLE TITLE Director NAME DRUMMER, SUE NAME STREET ADDRESS STREET ADDRESS 141 COCONUT AVE. Amherst 3**3**953 CITY-ST-ZIP CITY\_ST\_7/P ENGELWOOD FL 34223 Addition Detete TITLE □ Change TITLE esideut MCMURRAY, REBECCA NAME Scott Huss correction: STREET ADDRESS 2850 MUGLONE LN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NORTH PORT FL 33453 Delete TITLE ☐ Change Addition TITLE FULZ. SHARON NAME NAME hose are STREET ADDRESS P.O. BOX 512213 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PUNTA GORDA FL 33951 TITLE ☐ Delete TITLE Change Addition Inen **BLACKSTONE, NANCY** NAME NAME STREET ADDRESS 7858 SADDLE CREEK TR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34241 Delete ☐ Addition TITLE IIILE REYES, LARRY NAME NAME STREET ADDRESS STREET ADDRESS 7120 ODEM PLACE

i2. Thereby 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 attachyment with an address, with all other like empowered.

CITY-ST-ZIP

NORTH PORT FL 34287

CTT ST-ZIP

WWW. REDWARED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date