

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000630

1. Entity Name

THE TEMPLE OF THE TAO INC.

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90096 050 ****61.25

Principal Place of Business

1200 AMHERST ST.
PORT CHARLOTTE FL 33953

Mailing Address

1200 AMHERST ST.
PORT CHARLOTTE FL 33953

2. Principal Place of Business

2336 Pellam Blvd.

3. Mailing Address

2336 Pellam Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port Charlotte, FL

City & State

Port Charlotte, FL

Zip

33948

Country

USA

Zip

33948

Country

USA

4. FEI Number

65-0468148

Applied For

Not Applicable

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

HUSS, SCOTT L
1200 AMHERST ST.
PORT CHARLOTTE FL 33953

2336 Pellam Blvd.
33948

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

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 VP
NAME HUSS, JOYCE
STREET ADDRESS 1200 AMHERST ST
CITY-ST-ZIP PORT CHARLOTTE FL 33953 ☐ Delete

TITLE President
NAME HUSS, SCOTT
STREET ADDRESS 2336 Pellam Blvd.
CITY-ST-ZIP Port Charlotte, FL 33948 ☒ Change ☐ Addition
Correction

TITLE D
NAME MICHAUD, MICHEAL
STREET ADDRESS 1200 AMHERST ST
CITY-ST-ZIP PORT CHARLOTTE FL 33953 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME HUSS, SCOTT
STREET ADDRESS 1200 AMHERST ST
CITY-ST-ZIP PORT CHARLOTTE FL 33953 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME BLACKSTONE, NANCY
STREET ADDRESS 7858 SADDLE CREEK TR
CITY-ST-ZIP SARASOTA FL 34241 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME REYES, LARRY
STREET ADDRESS 7120 ODEM PLACE
CITY-ST-ZIP NORTH PORT FL 34287 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 Scott L Huss

2-13-02

(941) 626-7334

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (9/01)