


2004 **NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 24, 2004 8:00 am**  
**Secretary of State**

02-24-2004 90011 049 \*\*\*\*61.25

<b>DOCUMENT # N94000004581</b> 1. Entity Name <b>Urantia Association of Florida Corporation</b>	
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**DO NOT WRITE IN THIS SPACE**

94020102

2. Principal Place of Business <b>722 S. Rome Avenue</b> Suite, Apt. #, etc.	3. Mailing Address <b>722 S. Rome Avenue</b> Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State <b>Tampa, FL</b>	City & State <b>Tampa, FL</b>
Zip <b>33606</b>	Country <b>USA</b>

4. FEI Number <b>59-3238898</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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7. Name and Address of Current Registered Agent	
Name <b>Jordan, Baker</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>722 S. Rome Avenue</b>	
City <b>Tampa</b>	FL Zip Code <b>33606</b>

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FEE IS \$61.25</b> <b>Initial or Amended UBR</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P/D Baker, Jordan 722 S. Rome Avenue, Tampa, FL 33606</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V/D Mantz, David 13683 87th Ave. North, Seminole, FL 33776</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T/D Walker, Peter 7651 Gate Pkwy. #101, Jacksonville, FL 32256</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S/D Yeago, Patsy 3361 NW85th Ave #108, Coral Springs, FL 33065</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **Peter Walker** **02/21/04** **904 449-1416**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/02)