

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005515

1. Entity Name

THE RELIGIOUS SCIENCE CENTER OF CLEARWATER'S CEN

**FILED**  
May 24, 2000 8:00 am  
Secretary of State

05-24-2000 90196 047 \*\*\*\*70.00

Principal Place of Business

Mailing Address

6152 126 Ave #500 O. BOX 17368  
CLEARWATER FL 33762-0368  
Largo, FL 33773 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FL

USA

33773

4. FEI Number

59-3294689

Applied For

Not Applicable

5. Certificate of Status Desired

☒ X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AYERS, CHARLES A  
GATEWAY PINES EXECUTIVE CENTER  
750 94TH NO, STE 202  
ST. PETERSBURG FL 33702

Name

Richard Jones, CPA

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

1227 Rogers Street, Suite F

City

Largo, Florida 33756

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	T	<input checked="" type="checkbox"/> Delete
NAME	CAMBAS DIANNE,	
STREET ADDRESS	1984 WHITNEY WAY	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	KEARNS LINDA,	
STREET ADDRESS	1984 WHITNEY WAY	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MUHLECK BILL,	
STREET ADDRESS	3316 SAN MATEO ST.	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLOWERS EMILY,	
STREET ADDRESS	4913 1 2 27TH AVE ST.	
CITY-ST-ZIP	GULFPORT FL 33707	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	REDDEN, OMA	
STREET ADDRESS	10188 113TH PLACE NO	
CITY-ST-ZIP	LARGO FL 33773	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VAZNELIS, NINA	
STREET ADDRESS	7883 CHAUCER DR.	
CITY-ST-ZIP	SPRINGHILL FL 34607	

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EMILY FLOWERS	
STREET ADDRESS	4913-1/2 27TH AVE SO.	
CITY-ST-ZIP	GULFPORT FL 33707	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAT PALMER	
STREET ADDRESS	719 BAYVIEW AVE	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CELESTE TERKEN	
STREET ADDRESS	10108 DARLINGTON AVE	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUCY BARTLETT	
STREET ADDRESS	2320 NELLIE ST	
CITY-ST-ZIP	LARGO, FL 34644	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES HAGGERTY	
STREET ADDRESS	1537 EDEN ISLE BLVD. #372	
CITY-ST-ZIP	ST. PETERSBURG FL 33704	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATHRYN ROBINSON	
STREET ADDRESS	3434 PRIMROSE WAY	
CITY-ST-ZIP	PALM HARBOR FL 34683	

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 firms empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)