

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90069 021 ****61.25

DOCUMENT # N94000005515

1. Entity Name

THE RELIGIOUS SCIENCE CENTER OF CLEARWATER'S CENTER FOR CONSCIOUS LIVING, INC.

Principal Place of Business

6152 126TH AVE
 # 500
 LARGO FL 33773
 US

Mailing Address

P.O. BOX 17368
 CLEARWATER FL 33762
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3294689

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

JONES, RICHARD CPA
1227 ROGERS STREET STE F
CLEARWATER FL 33756

7. Name and Address of New Registered Agent

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

Rick Jones

C.P.A.

2/19/02

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

TITLE	T	<input type="checkbox"/> Delete
NAME	SAWYER, SUSAN	
STREET ADDRESS	261 WOOD LAKE WYNDE	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BARTLETT, LUCY	
STREET ADDRESS	2320 NELLIE STREET	
CITY-ST-ZIP	LARGO FL 34644	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HAGGERTY, JIM	
STREET ADDRESS	121 12TH STREET	
CITY-ST-ZIP	BELLEAIR BEACH FL 33786	
TITLE	D	<input type="checkbox"/> Delete
NAME	MONROE, GINNY	
STREET ADDRESS	1221 AMBLE LANE #3	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FLOWER, JO	
STREET ADDRESS	1815 CYPRESS TRACE DRIVE	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	D	<input type="checkbox"/> Delete
NAME	BIGSBY, RONN	
STREET ADDRESS	5533 FRONT STREET	
CITY-ST-ZIP	HOLIDAY FL 34690	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Les Merker	
STREET ADDRESS	625 Fayette Dr. S.	
CITY-ST-ZIP	Safety Harbor, FL. 34695	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jill Braun-Smith	
STREET ADDRESS	4621 Kensington	
CITY-ST-ZIP	Tampa, FL. 33629	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steve Brewer	
STREET ADDRESS	6985 Seminole Blvd. #23	
CITY-ST-ZIP	Seminole, FL. 33772	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robin Sutliff	
STREET ADDRESS	7205 51st Ave. N.	
CITY-ST-ZIP	St. Petersburg, FL. 33709	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 another I am empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/1/02

727/538-0900

CR2E037 (9/01)