

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001986

1. Entity Name

BOWEN RESEARCH AND TRAINING INSTITUTE, INC.

Principal Place of Business

710 GRAND CENTRAL ST  
CLEARWATER FL 33756

Mailing Address

710 GRAND CENTRAL ST  
CLEARWATER FL 34689-5370

2. Principal Place of Business

38541 US HWY 19 N

3. Mailing Address

PO Box 627

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM HARBOR, FL

City & State

PALM HARBOR, FL

Zip

34684

Country

Zip

34682

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WHITAKER, JOANNE  
90 HIGHLAND AVE, #8  
TARPON SPRINGS FL 34689

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

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 PD  
NAME WHITAKER, JO ANNE  
STREET ADDRESS 90 HIGHLAND AVE, #8  
CITY-ST-ZIP TARPON SPRINGS FL 34689 ☐ Delete

TITLE VPD  
NAME NADDY, DEANNA J  
STREET ADDRESS 4411 HAMPSHIRE PIKE  
CITY-ST-ZIP HAMPSHIRE TN 38461 ☐ Delete

TITLE TD  
NAME FULLER, EUNICE L  
STREET ADDRESS 1000 NORTH LAKE OTIS DR  
CITY-ST-ZIP WINTER HAVEN FL 33880 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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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 *Jo Anne Whitaker* REQUIRED TO ANNE WHITAKER 4/18/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

727-937-9077  
Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE