

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001986

1. Entity Name

BOWEN RESEARCH AND TRAINING INSTITUTE, INC.

Principal Place of Business

38541 US HWY 19 NORTH
PALM HARBOR FL 34684

Mailing Address

P.O. BOX 627
PALM HARBOR FL 34682

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

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

7. Name and Address of New Registered Agent

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

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Delete

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STREET ADDRESS
CITY-ST-ZIP

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☐ 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:

Joanne Whitaker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01

Date

727-937-9077

Daytime Phone #

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90068 045 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)