

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005139

1. Entity Name

INSTITUTE FOR ETHICS AND MEANING, NON PROFIT COR

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90004 040 ****61.25

Principal Place of Business

2109 BAYSHORE BOULEVARD
#1005
TAMPA FL 33606
US

Mailing Address

2109 BAYSHORE BOULEVARD
#1005
TAMPA FL 33606-3155
US

A0012761



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2109 Bayshore Blvd
#804

Suite, Apt. #, etc.

Tampa FL

Zip
33606

Country
USA

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3404215

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MURPHY, BROWER
2109 BAYSHORE BOULEVARD #1005
TAMPA FL 33606

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 ROBERTS, JANET M
STREET ADDRESS 2109 BAYSHORE BLVD #804
CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE TD
NAME MURPHY, BROWER
STREET ADDRESS 2109 BAYSHORE BLVD #1005
CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE SD
NAME SKYPEK, GENIE
STREET ADDRESS 2109 BAYSHORE BLVD #1005
CITY-ST-ZIP TAMPA FL ☐ 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
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
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: SIGNATURE OF JANET M. ROBERTS

1-20-2000 813-254-8454

CR2E037 (9/99)