

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

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

**DOCUMENT # N96000005139**

1. Entity Name

**INSTITUTE FOR ETHICS AND MEANING, NON PROFIT COR**

**A0012761**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2109 BAYSHORE BOULEVARD  
 #1005  
 TAMPA FL 33606  
 US

Mailing Address

2109 BAYSHORE BOULEVARD  
 #1005  
 TAMPA FL 33606-3155  
 US

2. Principal Place of Business

*2109 Bayshore Blvd*

Suite, Apt. #, etc.

*#804*

City & State

*Tampa FL*

Zip

*33606*

Country

*USA*

3. Mailing Address

*Same*

Suite, Apt. #, etc.

*Same*

City & State

*Same*

Zip

*Same*

Country

*Same*

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	<input type="checkbox"/> Delete
NAME	ROBERTS, JANET M	
STREET ADDRESS	2109 BAYSHORE BLVD #804	
CITY-ST-ZIP	TAMPA FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MURPHY, BROWER	
STREET ADDRESS	2109 BAYSHORE BLVD #1005	
CITY-ST-ZIP	TAMPA FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SKYPEK, GENIE	
STREET ADDRESS	2109 BAYSHORE BLVD #1005	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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	
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 all other like empowered.

SIGNATURE: *SIGNATURE OF JANET M. ROBERTS*

*1-20-2000 813-254-8454*

CR2E037 (9/99)