

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005139

1. Entity Name

INSTITUTE FOR ETHICS AND MEANING, NON PROFIT COR

**FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90155 049 \*\*\*\*69.00

Principal Place of Business

2109 BAYSHORE BOULEVARD  
#804  
TAMPA FL 33606  
US

Mailing Address

2109 BAYSHORE BOULEVARD  
#804  
TAMPA FL 33606  
US

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

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

Janet M Roberts

Street Address (P.O. Box Number is Not Acceptable)

2109 Bayshore Blvd #804

City

TAMPA

FL

Zip Code

33606

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 Treasurer  
NAME John Hail  
STREET ADDRESS 1206 E. Hicott ST.  
CITY-ST-ZIP TAMPA, FL 33603 ☒ Change ☐ Addition

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/2001

813-2548454

CR2E037 (10/00)