

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000641

1. Entity Name

Ratnashri Tibetan Buddhist Meditation Center, Inc.

Principal Place of Business

1916 North Highland Avenue  
Clearwater FL 33755 US

Mailing Address

1100 Cleveland Street  
Suite 1617  
Clearwater, FL 33755  
Attn: James P. Hayes

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

31-1515268

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

James P. Hayes  
1100 Cleveland Street  
Suite 1617  
Clearwater, FL 33755

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 ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
See Attached List

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
See Attached List

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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 AND TYPED OR PRINTED NAME

J.P. Hayes, Attorney  
1100 Cleveland St. #1617  
Clearwater FL 33755  
(727) 446-8099

3-20-00

Date

Daytime Phone #

**FILED**  
**Mar 23, 2000 8:00 am**  
**Secretary of State**

03-23-2000 90013 038 \*\*\*\*61.25

C0043463

DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

Block 10

Title:	PDC	Name: Hayes, James P. 1100 Cleveland Street Suite 1617 Clearwater, FL 33755
	TDVP	Retchless, Michael 1100 Cleveland Street Suite 1617 Clearwater, FL 33755
	DTS	Churchward, Cindy 1100 Cleveland Street Suite 1617 Clearwater, FL 33755
	DVP	Churchward, Jack 1100 Cleveland Street Suite 1617 Clearwater, FL 33755

Block 11

Title:	PDC	Name: Hayes, James P. 1100 Cleveland Street Suite 1617 Clearwater, FL 33755
	DVP	Retchless, Michael 1100 Cleveland Street Suite 1617 Clearwater, FL 33755
	DTS	Churchward, Cindy 1100 Cleveland Street Suite 1617 Clearwater, FL 33755
	DVP	Churchward, Jack 1100 Cleveland Street Suite 1617 Clearwater, FL 33755

J. P. N