

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003491

1. Entity Name

MIND SCIENCE CENTER, INC.

Principal Place of Business

691 SNEAD CIR  
WEST PALM BEACH FL 33413-1250

Mailing Address

691 SNEAD CIR  
WEST PALM BEACH FL 33413-1250

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

MARCHMAN, SANDRA J  
691 SNEAD CIR  
WEST PALM BEACH FL 33413-1250

4. FEI Number

65-0884875

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

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 MARCHMAN, SANDRA J  
STREET ADDRESS 691 SNEAD CIRCLE  
CITY-ST-ZIP WEST PALM BEACH FL 33413 ☐ Delete

TITLE VD  
NAME PURR, PHILLIP GARY  
STREET ADDRESS 2285 IDA WAY  
CITY-ST-ZIP WEST PALM BEACH FL 33415 ☐ Delete

TITLE SD  
NAME PERITT, SARADANE  
STREET ADDRESS 155 KINGS WAY  
CITY-ST-ZIP ROYAL PALM BEACH FL 33411 ☒ Delete

TITLE T  
NAME MARCHMAN, JENNIFER C  
STREET ADDRESS 691 SNEAD CIR  
CITY-ST-ZIP WEST PALM BEACH FL 33413-1250 ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME Purr, Phillip Gary  
STREET ADDRESS 2285 IDA WAY  
CITY-ST-ZIP West Palm Beach, FL 33415 ☒ Change ☐ Addition

TITLE VD  
NAME Sandra Marchman  
STREET ADDRESS 691 SNEAD CIRCLE  
CITY-ST-ZIP West Palm Beach, FL 33413 ☒ Change ☐ Addition

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sandra J Marchman Treasurer 2/16/00 712-4293



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)