

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90126 035 *****70.00

0052032

DOCUMENT # N99000003962

1. Entity Name

SANCTUARY OF LIGHT HEALING AND SPIRITUAL CENTER, INC.

Principal Place of Business

**4012 WINTHROP STREET
SARASOTA FL 34232**

Mailing Address

**4012 WINTHROP STREET
SARASOTA FL 34232**

2. Principal Place of Business

4735 OAK HILL DR

Suite, Apt. #, etc.

3. Mailing Address

4735 OAK HILL DR

Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

SARASOTA FL

Zip

34232-1866

Country

SARASOTA

Zip

34232-1866

Country

SARASOTA

4. FEI Number

65-0936035

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ROWE, MARIE H
4012 WINTHROP STREET
SARASOTA FL 34232**

7. Name and Address of New Registered Agent

Name **Rowe, Marie H**
Street Address (P.O. Box Number is Not Acceptable)

4735 OAK HILL DR

City **SARASOTA**

FL

Zip Code **34232-1866**

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	D	<input type="checkbox"/> Delete
NAME	ROWE, MARIE H	
STREET ADDRESS	4012 WINTHROP STREET	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	D	<input type="checkbox"/> Delete
NAME	STADLER, NORMAN H	
STREET ADDRESS	25 A STURKEN DR	
CITY-ST-ZIP	BRYSON CITY NC 28713	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROWE, KENNETH A	
STREET ADDRESS	4012 WINTHROP STREET	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	D	<input type="checkbox"/> Delete
NAME	SINCLAIR, VICTORIA	
STREET ADDRESS	10120 SPIRIT WOODS TRL	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROWE, MARIE H	<i>address</i>
STREET ADDRESS	4735 OAK HILL DR	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROWE, KENNETH A	<i>address</i>
STREET ADDRESS	4735 OAK HILL DR	
CITY-ST-ZIP	SARASOTA FL 34232	
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: *Rowe, Marie H*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 8, 2002 941-371-2768

Date Daytime Phone #

CR2E037 (9/01)