

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004655

1. Entity Name

TEMPLE OF THE MYSTERIES, INC.

**FILED**  
May 04, 2000 8:00 am  
Secretary of State

05-04-2000 90169 015 \*\*\*\*70.00

Principal Place of Business

Mailing Address

3189 ANTHONY DR  
ST CLOUD FL 34771

3189 ANTHONY DR  
ST CLOUD FL 34771-7739

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

59-3595664

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

WALTON, KATHLEEN JOY  
3189 ANTHONY DR  
ST CLOUD FL 34771

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☒ Addition  
E/D  
WALTON, JOHN R.  
3189 ANTHONY DR.  
ST. CLOUD, FL 34771

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
S/M  
WALTON, KATHLEEN JOY  
3189 ANTHONY DR.  
ST. CLOUD, FL 34771

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
V/D  
SILL, REBECCA K  
4550 OAK CREEK ST. # 212  
ORLANDO, FL 32835

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
D  
SILL, MATTHEW D.  
3635 GLEN RIDGE LANE  
SARASOTA, FL 34233

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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: *Kathleen Joy Walton* 3/1/00 407-891-8098  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)

00083486



## Uniform Business Report

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Business Entity Name

TEMPLE OF THE MYSTERIES, INC.

FEI Number

593595664

FEI Number Status

☐

Applied For

☐

Not Applicable

☒

Current

Certificate of Status Desired ☒ Yes ☐ No

## Principal Place of Business

Address

3189 ANTHONY DR

Suite, Apt. #, etc.

City, State

ST CLOUD

FL

Zip Code &amp; Country

34771

## Mailing Address

Address

3189 ANTHONY DR

Suite, Apt. #, etc.

City, State

ST CLOUD

FL

Zip Code &amp; Country

34771

## Name And Address of Registered Agent

Name (Last, First, Middle, Title)

WALTON

KATHLEEN JOY

Corporate Name

Address

3189 ANTHONY DR

Suite, Apt. #, etc.

City, State

ST CLOUD

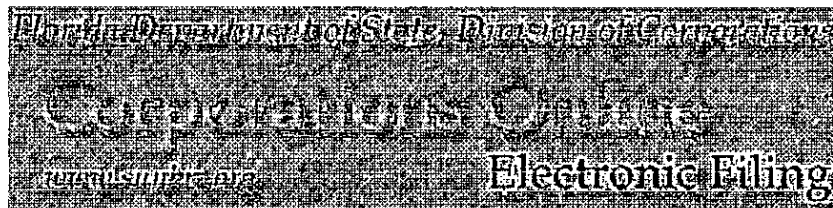
FL

Zip Code &amp; Country

34771

US

10053486



## Uniform Business Report

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Business Entity Name

TEMPLE OF THE MYSTERIES, INC.

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Officer/Director Name And Address

Title	<input type="text" value="C/D"/>			
Name (Last, First, Middle, Title)	<input type="text" value="Walton"/>	<input type="text" value="John"/>	<input type="text" value="R"/>	<input type="text" value="H.P.Rev"/>
Entity Name	<input type="text"/>			
Street Address	<input type="text" value="3189 Anthony Drive"/>			
City, State	<input type="text" value="St. Cloud"/>	<input type="text" value="FL"/>		
Zip Code & Country	<input type="text" value="34771"/>	<input type="text" value="US"/>		

Title	<input type="text" value="ST/M"/>			
Name (Last, First, Middle, Title)	<input type="text" value="Walton"/>	<input type="text" value="Kathleen Joy"/>	<input type="text" value="H.P."/>	
Entity Name	<input type="text"/>			
Street Address	<input type="text" value="3189 Anthony Drive"/>			
City, State	<input type="text" value="St. Cloud"/>	<input type="text" value="FL"/>		
Zip Code & Country	<input type="text" value="34771"/>	<input type="text" value="US"/>		