2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9900007502 1. Entity Name SUNCOAST RELIGIOUS SCIENCE CHURCH, INC.				FILED Mar 07, 2000 8:00 am Secretary of State 03-07-2000 90031 029 ****61.25			
Principal Place of Business Mailing Address PO BOX 2366 PO BOX 2366				03-07-2000 90031 (029 ****61.:	25	
PO BOX 2366 PALM HABBOR FL 34682-2366 PALM HARBOR FL 34682-2366		166					
2. Principal Place of Business	3. Mailing Address						
517 CRYSTAL BEACH AVE Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN TH		S SPACE		
City & State City & State			4. FEI <u>Nu</u> m <u>b</u> e	T		plied For	
CRYSTAL BEACH H	Zip	Country	59	59 - 3524/40 Not Applicable			
34681 USA	つ	·-		of Status Desired Address of New Registerer	Fee Required		
HOLLIS, LARRY 17020 1ST STREET E #215 N. REDINGTON BEACH FL 33708 City LEA 8. The above named entity submits this statement for the purpose of changing its registered office or register				PARAL. VAN HEUVEL PO. Box Number is Not Acceptable) PO. Box Number is Not Acceptable in Number is Number in Number is Number in Number is Number in Number in Number is Number in Number			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstatung) PLE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to							
FEE IS \$61.25 Trust Fund Contribution		ition.	Added to Fees	Departme	nt of State		
TITLE NAME STREET ADDRESS CITY-ST-ZIP N REDINGTON BEACH FL 33708	ECTORS Delete	NAME STREET ADDRESS	LINDA LU 1984 WHI	NO KEARNS TNEY WAY ER FL 3376	☐ Change	Addition	
TITLE NAME VAN HEUVEL, BARBARA STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33761	TREAS Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME CROSS, PAT REV 4401 103 PLAZA DRIVE HOLIDAY FL 34699	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE HARDEN, SCOTT 500 3RD ST N APT LOWER ST PETERSBURG FL 33701	Celete	TITLE NAME STREET ADDRESS CITY-ST-2IP			☐ Change	Addition	
TITLE NAME GULBRANSON, BARBARA STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 34684	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	· ·	☐ Change	☐ Addition	
TITLE D GORMAN, MARTHA STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33763	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
12. I hereby certify that the information supplied with this filling 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 schanged or on an attachment with an address, with all other like empowered. SIGNATURE: SIGNATURE SIGNATURE SIGNING OFFICER OR BIRECTOR Date Daytime Phone #							