

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P05462

1. Entity Name

INTERNATIONAL ASSOCIATION OF METAPHYSICS, INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90119 028 ****61.25

Principal Place of Business

Mailing Address

1439 SOUTH CRESCENT HEIGHTS BLVD.
LOS ANGELES CA 90035

40 S. STREET ANDERWS ST.
ORMOND BCH. FL 32174

2. Principal Place of Business

3. Mailing Address

40 South Saint Andrews ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ormond Bch FLA

Zip

Country

Zip

Country

32174

4. FEI Number

95-3713281

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

LINFORD D. CURTIS
40 S. ST. ANDREWS ST.
ORMOND BEACH FL 32017

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 PD ☐ Delete
NAME THOMAS, JAMES W.R., D.C.
STREET ADDRESS 440 LAKE PEARL DRIVE
CITY-ST-ZIP LAKE HELEN FL

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

TITLE VD ☐ Delete
NAME TOUSSANT, JOAN
STREET ADDRESS 2513 WELLINGTON RD
CITY-ST-ZIP LOS ANGELES CA

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

TITLE SD ☐ Delete
NAME CASSELBERRY, MATILDA C.
STREET ADDRESS 8211 SUMMERTIME LANE
CITY-ST-ZIP CULVER CITY CA

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

TITLE TD ☐ Delete
NAME LINFORD CURTIS
STREET ADDRESS 40 S. ST. ANDREWS ST.
CITY-ST-ZIP ORMOND BCH FL

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

TITLE D ☐ Delete
NAME OKAHARA, CAROLINE S.
STREET ADDRESS 1439 S CRESCENT HTS BLVD
CITY-ST-ZIP LOS ANGELES CA

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

TITLE ☐ Delete
NAME *Thomas, James W.R.*
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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/00 *904 672 3854*
Date Daytime Phone #

CR2E037 (9/99)