

2000 UNIFORM BUSINESS REPORT (UBR)

006561C

DOCUMENT # P40061

1. Entity Name

SCIENTOLOGY MISSIONS INTERNATIONAL, INCORPORATED

FILED

00 JAN 21 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

6331 HOLLYWOOD BLVD.
#500
LOS ANGELES CA 900286331 HOLLYWOOD BLVD.
#500
LOS ANGELES CA 90028-6313

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

95-3739098

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

JOHNSON, ROBERT E
100 N TAMPA STREET
SUITE 3500
TAMPA FL 33602

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	FEAR, RICHARD	
STREET ADDRESS	6331 HOLLYWOOD BLVD.	
CITY-ST-ZIP	LOS ANGELES CA	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300003170113-6
STREET ADDRESS	-03/14/00--01126--026
CITY-ST-ZIP	*****61.25 *****61.25

TITLE	SD	<input type="checkbox"/> Delete
NAME	OLSON, FREYA	
STREET ADDRESS	6331 HOLLYWOOD BLVD.	
CITY-ST-ZIP	LOS ANGELES CA	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	TD	<input type="checkbox"/> Delete
NAME	EDWARDS, CLAIRE	
STREET ADDRESS	6331 HOLLYWOOD BLVD.	
CITY-ST-ZIP	LOS ANGELES CA	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Delete
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11 January 2000 (323) 960-3570

Date

Daytime Phone #

CR2E037 (9/99)