

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2001 8:00 am**  
**Secretary of State**

02-21-2001 90017 005 \*\*\*\*61.25

**C0023596**



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P40061**

1. Entity Name

**SCIENTOLOGY MISSIONS INTERNATIONAL, INCORPORATED**

Principal Place of Business

6331 HOLLYWOOD BLVD.  
 #500  
 LOS ANGELES CA 90028

Mailing Address

6331 HOLLYWOOD BLVD.  
 #500  
 LOS ANGELES CA 90028

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

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

7. Name and Address of New Registered Agent

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

TITLE PD  
 NAME FEAR, RICHARD ☐ Delete  
 STREET ADDRESS 6331 HOLLYWOOD BLVD.  
 CITY-ST-ZIP LOS ANGELES CA

TITLE SD  
 NAME OLSON, FREYA ☒ Delete  
 STREET ADDRESS 6331 HOLLYWOOD BLVD.  
 CITY-ST-ZIP LOS ANGELES CA

TITLE TD  
 NAME EDWARDS, CLAIRE ☐ Delete  
 STREET ADDRESS 6331 HOLLYWOOD BLVD.  
 CITY-ST-ZIP LOS ANGELES CA

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition  
 NAME *S. Olson, Freya*  
 STREET ADDRESS *6331 Hollywood Blvd*  
 CITY-ST-ZIP *LOS ANGELES CA*

TITLE ☒ Change ☐ Addition  
 NAME *D. OLSON, FREYA*  
 STREET ADDRESS *6331 Hollywood Blvd*  
 CITY-ST-ZIP *LOS ANGELES, CA*

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

TITLE ☐ Change ☐ Addition  
 NAME  
 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:

*S. Olson, Freya*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4 JAN 2001 333 960 3570*  
 Date Daytime Phone #

CR2E037 (10/00)