

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000064155

1. Entity Name
THE DELPHI CENTER FOR CONSCIOUS BIRTH, INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90961 013 ***150.00

0343349

Principal Place of Business
3716 W SWANN
TAMPA FL 33609

Mailing Address
3716 W SWANN
TAMPA FL 33609

545686



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3525929

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KEARNS, KARIN L.M.
2514 W. KENNEDY BLVD.
TAMPA FL 33609

Name Karin Kearns, L.M.
Street Address (P.O. Box Number is Not Acceptable)
702 W. ADALEE ST
City Tampa FL Zip Code 33603-5513

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]*

4/27/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME KEARNS, KARIN L.M.
STREET ADDRESS 702 W ADALEE ST.
CITY-ST-ZIP TAMPA FL 33603-5513 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01 813 873
Date Daytime Phone # 7135

CR2E034 (10/00)