

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 29, 2001 8:00 am**  
**Secretary of State**

06-29-2001 90003 020 \*\*\*\*61.25

**DOCUMENT # 771274**

1. Entity Name

**RELIGIOUS SCIENCE CHURCH OF MARION COUNTY AND SC**

Principal Place of Business

Mailing Address

1009 N.E. 28TH AVENUE  
 Ocala FL 34470  
 US

1009 N.E. 28TH AVENUE  
 Ocala FL 34470  
 US

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

**59-2414466**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOSTETLER, MARGARET G REV**  
**1009 N.E. 28TH AVE.**  
**OCALA FL 34470**

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 **REV. MARGARET C. HOSTETLER**

**6-27-01**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD ROBINSON, ANN 5053-B NW CITY., HWY. 225-A OCALA FL 34482</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD MARION LONG 233 SW 8TH ST OCALA FL 34474</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD LINDA REED 3323 NE 14TH ST A10 OCALA FL 34470</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T PAULA BYFIELD 3 OAK CT PASS OCALA FL 34472</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Helene Cavoti 1755 S.W. 108 Lane Apt 4 Ocala, Fl 34476</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice-President Howard Hrobak 12320 S.W. 71 Lane Road Ocala, Fl 34481</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary Jim McIntosh 1810A W. Gleneagles Rd Ocala, Fl 34472</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer Nick George 4421 N.E. 11 Street Ocala, Fl 34470</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Member At Large Teri Gore 1952 S.E. Twinbridge Circle Ocala, Fl 34471</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Member At Large Susan Traynor 902 N.E. 46 Ct Ocala, Fl 34470</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: **MARGARET C. HOSTETLER** 6-27-01 352-629-3897

CR2E037 (10/00)