

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2002 8:00 am**  
**Secretary of State**

01-29-2002 90016 036 \*\*\*\*61.25

**DOCUMENT # 771274**

1. Entity Name

**RELIGIOUS SCIENCE CHURCH OF MARION COUNTY AND SCIENCE OF MIND CENTER, INC. OAKBROOK LIFE ENRICHM**

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

4. FEI Number

**59-2414466**

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

**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 \_\_\_\_\_

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>CAVOTI, HELENEA</b>	
STREET ADDRESS	<b>1755 S.W. 108 LANE, APT 4</b>	
CITY-ST-ZIP	<b>OCALA FL 34478</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>HROBAK, HOWARD</b>	
STREET ADDRESS	<b>12320 S.W. 71 LANE RD.</b>	
CITY-ST-ZIP	<b>OCALA FL 34481</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>MCINTOSH, JIM</b>	
STREET ADDRESS	<b>1810A W. GLENEAGLES RD.</b>	
CITY-ST-ZIP	<b>OCALA FL 34472</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>GEORGE, NICK</b>	
STREET ADDRESS	<b>4421 N.E. 11 ST.</b>	
CITY-ST-ZIP	<b>OCALA FL 34470</b>	
TITLE	<b>MAT</b>	<input type="checkbox"/> Delete
NAME	<b>GORE, TERI</b>	
STREET ADDRESS	<b>1952 S.E. TWINBRIDGE CIR.</b>	
CITY-ST-ZIP	<b>OCALA FL 34471</b>	
TITLE	<b>MAT</b>	<input type="checkbox"/> Delete
NAME	<b>TRAYNOR, SUSAN</b>	
STREET ADDRESS	<b>902 N.E. 46 CT.</b>	
CITY-ST-ZIP	<b>OCALA FL 34470</b>	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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: *Margaret G. Hostetler*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/9/02*

Date

*352-629-3897*

Daytime Phone #

CR2E037 (9/01)