

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90024 020 \*\*\*\*61.25

**DOCUMENT # 703091**

1. Entity Name

**ST. VINCENT DEPAUL SALVAGE STORE OF WEST PALM BE**

Principal Place of Business

Mailing Address

2500 N. DIXIE  
 WEST PALM BEACH FL 33407

2500 N. DIXIE  
 WEST PALM BEACH FL 33407-5912

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1058446**

Applied For

Not Applicable

Zip

Country

Zip

Country

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~~

**SCHENK, LAVERNE**  
**4863 ELMHURST RD**  
**WEST PALM BEACH FL 33417**

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: **SD**  Delete  
 NAME: **SOUZA, DORIS**  
 STREET ADDRESS: **2306 HOLLY LANE**  
 CITY-ST-ZIP: **PALM BCH GDNS FL 33410**

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

TITLE: **PD**  Delete  
 NAME: **SCHENK, LAVERNE**  
 STREET ADDRESS: **4863 ELMHURST RD.**  
 CITY-ST-ZIP: **WPB FL 33417**

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

TITLE: **TD**  Delete  
 NAME: **FERNANDEZ, R**  
 STREET ADDRESS: **14236 ASTER AVE**  
 CITY-ST-ZIP: **WELLINGTON LF 33414**

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

TITLE: **VP**  Delete  
 NAME: **GAGNIER, L**  
 STREET ADDRESS: **12064 ISLAND MANOR DR**  
 CITY-ST-ZIP: **WPB FL 33401**

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

TITLE:  Delete  
 NAME:  Delete  
 STREET ADDRESS:  Delete  
 CITY-ST-ZIP:  Delete

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

TITLE:  Delete  
 NAME:  Delete  
 STREET ADDRESS:  Delete  
 CITY-ST-ZIP:  Delete

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  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: *Laverne A. Schenk* **LAVERNE A. SCHENK** 4-20-00 561 683 6570  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)