

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90163 046 \*\*\*\*61.25

**DOCUMENT # 703091**

1. Entity Name

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

Principal Place of Business

**2500 N. DIXIE  
 WEST PALM BEACH FL 33407**

Mailing Address

**2500 N. DIXIE  
 WEST PALM BEACH FL 33407**

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

**59-1058446**

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<b>SD</b> <b>SOUZA, DORIS</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>2306 HOLLY LANE PALM BCH GDNS FL 33410</b>	
TITLE NAME	<b>PD</b> <b>SCHENK, LAVERNE</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>4863 ELMHURST RD. WPB FL 33417</b>	
TITLE NAME	<b>TD</b> <b>FERNANDEZ, R</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>14236 ASTER AVE WELLINGTON LF 33414</b>	
TITLE NAME	<b>VP</b> <b>GAGNIER, L</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>12064 ISLAND MANOR DR WPB FL 33401</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	<b>VP</b> <b>WATSON, JAMES</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	<b>129 HAMMOCKS CT. GREENACRES FL 33413</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: SIGNATURE REQUIRED**

*Doris Souza* 4/29/01 626-4897  
**SECRETARY** Date Daytime Phone #

CR2E037 (10/00)