

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90102 016 ****61.25

DOCUMENT # 735712

1. Entity Name

ST. FRANCIS RESIDENCE, INC.

Principal Place of Business

19329 US HWY 19 N
 SUITE 100
 CLEARWATER FL 33765
 US

Mailing Address

19329 US HWY 19 N
 SUITE 100
 CLEARWATER FL 33764-3102
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1631325

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OLVERA LIGHTER, JOANNE
19329 US HWY 19 NORTH
SUITE 100
CLEARWATER FL 33764

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

TITLE	P	<input type="checkbox"/> Delete
NAME	LIGHTER, JOANNE O	
STREET ADDRESS	19329 US HWY 19 N, STE 100	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GALATRO, ANN	
STREET ADDRESS	19329 US HWY 19 N, STE 100	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	GMT	<input type="checkbox"/> Delete
NAME	KIMMINS, MARGARET M	
STREET ADDRESS	115 EAST MAIN STREET	
CITY-ST-ZIP	ALLEGANY NY 14706	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BIDDLEMAN, MARCIE	
STREET ADDRESS	736 71ST AVENUE NORTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33702	
TITLE	T	<input type="checkbox"/> Delete
NAME	CARDET, LUCY	
STREET ADDRESS	138 NE 111TH STREET	
CITY-ST-ZIP	MIAMI SHORES FL 33161	
TITLE	T	<input type="checkbox"/> Delete
NAME	CARTER, JOAN M	
STREET ADDRESS	14517 BRUCE B DOWNS, STE 101	
CITY-ST-ZIP	TAMPA FL 33613	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	T GROSS, JORGE	
STREET ADDRESS	200 S. BISCAYNE BLVD, SUITE 706	
CITY-ST-ZIP	MIAMI, FL 33131	
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		
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		

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:

Joanne Olivera Lighter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/00

Date

727-507-9668

Daytime Phone #

1999/1/17 1:52