

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 745780

1. Entity Name

ST. CATHERINE LABOURE MANOR, INCORPORATED

Principal Place of Business

Mailing Address

1750 STOCKTON STREET
JACKSONVILLE FL 32204
US

1301 RIVERPLACE BLVD
SUITE 1700
JACKSONVILLE FL 32207-9023
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

59-1878316

Applied For

Not Applicable

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

HARVEY GRANGER
1301 RIVERPLACE BLVD., STE.1700
JACKSONVILLE FL 32207

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 PD ☐ Delete
NAME MAHER, JOHN J
STREET ADDRESS 1800 BARRS STREET
CITY-ST-ZIP JACKSONVILLE FL 32204

TITLE ☒ Change ☐ Addition
NAME ~~PD~~
STREET ADDRESS
CITY-ST-ZIP

TITLE EVPD ☐ Delete
NAME LOGUE, JOHN W
STREET ADDRESS 1800 BARRS STREET
CITY-ST-ZIP JACKSONVILLE, FL 00000

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

TITLE CD ☐ Delete
NAME EISENBERGER, SISTER E
STREET ADDRESS 1800 BARRS ST
CITY-ST-ZIP JACKSONVILLE, FL 0

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

TITLE VCD ☐ Delete
NAME WISNIEWSKI, DESALES (SIS
STREET ADDRESS 1800 BARRS ST.
CITY-ST-ZIP JACKSONVILLE FL

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

TITLE STD ☐ Delete
NAME GILMAN, SISTER GLORIA
STREET ADDRESS 1800 BARRS ST.
CITY-ST-ZIP JACKSONVILLE FL

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

TITLE AT ☐ Delete
NAME DVORAK, ROBERT M
STREET ADDRESS 1801 BARRS STREET
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Change ☐ 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: SIGNATURE REQUIRED Maher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-00

904/202-400

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

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ST. CATHERINE LABOURE MANOR, INC.
DOCUMENT #745780

D	Cascone, Michael	1800 Barrs Street, Jacksonville, FL 32204
D	Delahunt, Sister Maureen	1800 Barrs Street, Jacksonville, FL 32204
D	Glenn, J. Eugene, M.D.	1800 Barrs Street, Jacksonville, FL 32204
D	Lennon, John J.	1800 Barrs Street, Jacksonville, FL 32204
AS	Thomas, Margaret	1800 Barrs Street, Jacksonville, FL 32204