

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State
 03-05-2001 90317 016 *****61.25

DOCUMENT # 746235

1. Entity Name

ST. JOSEPH'S SCHOOL FOUNDATION, INC.

Principal Place of Business

**210 W. LEMON ST.
 LAKELAND FL 33801**

Mailing Address

**P. O. BOX 30
 LAKELAND FL 33802
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33815

4. FEI Number

59-3111660

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**PARRY, MARGARET CHASE
 260 W LEMON ST
 LAKELAND FL 33801**

7. Name and Address of New Registered Agent

Name **Rev. John P. Caulfield**

Street Address (P.O. Box Number is Not Acceptable)

210 W. Lemon St.

City **Lakeland**

FL

Zip Code

33815

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

John P. Caulfield

signature
(below)

02-28-01

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 **DS** ☐ Delete
 NAME **HOLLEY, MICHAEL**
 STREET ADDRESS **2816 CHATSWORTH LN**
 CITY-ST-ZIP **LAKELAND FL 33813**

TITLE **D** ☐ Delete
 NAME **BROWN, KEVIN**
 STREET ADDRESS **1030 LAKE HOLLINGSWORTH DR.**
 CITY-ST-ZIP **LAKELAND FL**

TITLE **D** ☐ Delete
 NAME **CAULFIELD, JOHN P**
 STREET ADDRESS **210 W. LEMON ST.**
 CITY-ST-ZIP **LAKELAND, FL 33815**

TITLE **DS** ☐ Delete
 NAME **SHERIDAN, THOMAS M**
 STREET ADDRESS **2205 FAIRMOUNT AVE.**
 CITY-ST-ZIP **LAKELAND, FL 0**

TITLE **D** ☒ Delete
 NAME **TROIANO, D.A.**
 STREET ADDRESS **1621 NEWPORT AVE**
 CITY-ST-ZIP **LAKELAND, FL 00000**

TITLE **DS** ☐ Delete
 NAME **LENCIONI, RUBY**
 STREET ADDRESS **630 LONE PALM DR.**
 CITY-ST-ZIP **LAKELAND FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Holley, Michael - sec.** ☒ Change ☐ Addition
 NAME **1035 US Hwy 98 South**
 STREET ADDRESS **Lakeland, FL 33801**
 CITY-ST-ZIP **Treasurer/secretary**

TITLE **Browne Kevin** ☒ Change ☐ Addition
 NAME **1030 Lake Hollingsworth Dr.**
 STREET ADDRESS **Lakeland, FL 33803**
 CITY-ST-ZIP

TITLE **president** ☒ Change ☐ Addition
 NAME **Lowry, Cody**
 STREET ADDRESS **4611-A street**
 CITY-ST-ZIP **Tampa, FL 33609**

TITLE **Lowry, Cody** ☐ Change ☒ Addition
 NAME **4611-A street**
 STREET ADDRESS **Tampa, FL 33609**
 CITY-ST-ZIP

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

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 or other like empowered.

SIGNATURE:

Signature
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(863)
02-28-01 682-0555
 Date Daytime Phone #

CR2E037 (10/00)