

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2002 8:00 am
Secretary of State

09-08-2002 90131 012 ****61.25

DOCUMENT # 746235

1. Entity Name

ST. JOSEPH'S SCHOOL FOUNDATION, INC.

Principal Place of Business

**210 W. LEMON ST.
 LAKELAND FL 33815**

Mailing Address

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

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

59-3111660

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CAULFIELD, JOHN P REV
 210 W LEMON ST
 LAKELAND FL 33815**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

John Caulfield

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/6/02

DATE

**After September 13, 2002,
 min. will be \$236.25.**

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	DS	<input type="checkbox"/> Delete
NAME	HOLLEY, MICHAEL	
STREET ADDRESS	1025 US HWY 98 S	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWNE, KEVIN	
STREET ADDRESS	1030 LAKE HOLLINGSWORTH DR.	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAULFIELD, JOHN P	
STREET ADDRESS	210 W. LEMON ST.	
CITY-ST-ZIP	LAKELAND FL 33815	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHERIDAN, THOMAS M	
STREET ADDRESS	2205 FAIRMOUNT AVE.	
CITY-ST-ZIP	LAKELAND FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	LOWRY, CODY	
STREET ADDRESS	4611 A STREET	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	D	<input type="checkbox"/> Delete
NAME	LENCIONI, RUBY	
STREET ADDRESS	630 LONE PALM DR.	
CITY-ST-ZIP	LAKELAND FL	

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:

SIGNATURE REQUIRED

John Caulfield 863-682-6585 09-06-02

CR2E037 (4/02)