

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770809

1. Entity Name

ALLEGANY COMMUNITY OUT REACH GRANT FUND, INC.

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90023 032 \*\*\*\*61.25

Principal Place of Business 19329 US HWY 19 N STE 100 CLEARWATER FL 33764	Mailing Address 19329 US HWY 19 N STE 100 CLEARWATER FL 33764-3102
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number <b>59-2410976</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>LIGHTER, JOANNE O</b> 19329 US HWY 19 N. STE 100 CLEARWATER FL 33764	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <input type="checkbox"/> Delete NAME <b>D FLYNN, SR MARITA</b> STREET ADDRESS <b>ST ANTHONY COVENT/631 11TH STREET NORTH</b> CITY-ST-ZIP <b>ST PETERSBURG FL 33705</b>		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input checked="" type="checkbox"/> Delete NAME <b>T CHAWK, GARY</b> STREET ADDRESS <b>6200 COURTNEY CAMPBELL CAUSEWAY 100</b> CITY-ST-ZIP <b>TAMPA FL 33607</b>		TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>P Lighter, Joanne</b> STREET ADDRESS <b>19329 US HWY 19 N - Ste 100</b> CITY-ST-ZIP <b>Clearwater FL 33764</b>	
TITLE <input type="checkbox"/> Delete NAME <b>D HOLLIS, SR DANA</b> STREET ADDRESS <b>ST FRANCIS XAVIER CONVENT/2045 HEITMAN STR</b> CITY-ST-ZIP <b>FT MYERS FL 33901-3616</b>		TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>ST GALATRO, ANN</b> STREET ADDRESS <b>19329 US HIGHWAY 19 N, SUITE 100</b> CITY-ST-ZIP <b>CLEARWATER, FL 33764</b>	
TITLE <input type="checkbox"/> Delete NAME <b>D MICHAUD, RUDY</b> STREET ADDRESS <b>4717 DOLPHIN CAY, #602</b> CITY-ST-ZIP <b>ST PETERSBURG FL 33711</b>		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete NAME <b>D MURMAN, JAMES ESQ.</b> STREET ADDRESS <b>201 E KENNEDY BLVD</b> CITY-ST-ZIP <b>TAMPA FL 33609</b>		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete NAME <b>D O'BRIEN, SR DOLORES</b> STREET ADDRESS <b>FRANCISCAN SVCS OF ALLEGANY/115 E MAIN ST</b> CITY-ST-ZIP <b>ALLEGANY NY 14706</b>		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 O Lighter **REQUIRED** 1/17/00 727-507-9668  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)