

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90043 027 ****70.00

DOCUMENT # 840840

1. Entity Name

FATHER FLANAGAN'S BOYS' HOME

Principal Place of Business

Mailing Address

14100 CRAWFORD STREET
 BOYS TOWN NE 68010
 US

14100 CRAWFORD STREET
 BOYS TOWN NE 68010-7520
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

47-0376606

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324

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 Delete
 NAME **DC**
 STREET ADDRESS **CURTISS, ELDEN F.**
 CITY-ST-ZIP **100 N. 62ND ST
 OMAHA NE**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **PD**
 STREET ADDRESS **PETER, VALENTINE J.**
 CITY-ST-ZIP **14100 CRAWFORD ST.
 BOYS TOWN NE**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **V**
 STREET ADDRESS **FITZGERALD, EDWARD W**
 CITY-ST-ZIP **14100 CRAWFORD ST.
 BOYS TOWN NE**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S**
 STREET ADDRESS **GAROFALO, P J**
 CITY-ST-ZIP **14100 CRAWFORD ST
 BOYS TOWN NE 68010**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VT**
 STREET ADDRESS **RUDEN, PHILIP J.**
 CITY-ST-ZIP **14100 CRAWFORD STREET
 BOYS TOWN NE**

TITLE Change Addition
 NAME **T**
 STREET ADDRESS **RASMUSSEN, JUDY F.**
 CITY-ST-ZIP **14100 CRAWFORD STREET
 BOYS TOWN NE**

TITLE Delete
 NAME **D**
 STREET ADDRESS **ANDERSON, TALTON K**
 CITY-ST-ZIP **11910 WEST DODGE ROAD
 OMAHA NE**

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: *Judy F. Rasmussen* **SIGNATURE REQUIRED** Judy F. Rasmussen 4/26/00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR20037 (9/99)