2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9300001983

1. Entity Name

THE CATHOLIC MUTUAL RELIEF SOCIETY OF AMERICA, I

FILED
May 03, 2001 8:00 am
Secretary of State
05-03-2001 90914 009 ****61.25

Principal Pla	ce of Business	Mailing Address							
4223 CENTER OMAHA NE 6		4223 CENTER STREET OMAHA NE 68105							
		•			11181181	L 1118 1818 1818 1911 0018 188	18 14 66		1 8188 1181 1 88 1
2. Principal	Place of Business	3. Mailing Address	<u></u>						
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State		City & State			4. FEI Numbe	4. FEI Number 47-0400508			pplied For lot Applicable
Zip	Country	Zip Co		untry	5. Certificate	of Status Desired		8.75 Ac	ditional
	6. Name and Address of Current	Registered Agent	L	Γ	7. Name and	Address of New Re		<u>_</u>	
				Name	<u> </u>				
CT COD	PORATION SYSTEM			Street Add	Iress (P.O. Box Number	er is Not Acceptable)			
	PINE ISLAND ROAD								
	10N FL 33324	•							
				City			FL	Zip Cod	de
8. The above	e named entity submits this statement for	the purpose of changing its	registere	ed office or re	egistered agent, or bot	th, in the state of Florid	da.	_J	-
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0.01									
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registere	d Agent signature i	required when reinstating)		DATE		
		<u> </u>							
	FILE NOW:	9. Election Campaign	Financii		\$5.00 May Be	Make (Check Pa	ayable to	.
	FEE IS \$61.25	Trust Fund Contrib	ution.		Added to Fees		artment (of State	
10.					Added to Fees	Depa	artment (N 10
10.	FEE IS \$61.25 OFFICERS AND DIR		11.	□ ,	Added to Fees		AND DIR		N 10
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indicated on this report or supplied will unis ming 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 one like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

(402) 551-8765

Daytime Phone #