

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** L00000001943  
**1. Entity Name**  
 ST. JOSEPH'S, LLC

**FILED**

01 OCT -1 PM 12:17

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**Principal Place of Business**      **Mailing Address**

**2. Principal Place of Business**  
 6325 TALL CYPRESS CIRCLE  
 Suite, Apt. #, etc.

**3. Mailing Address**  
 2375 TAMiami TRIAL N.  
 Suite, Apt. #, etc.  
 SUITE 208C

DO NOT WRITE IN THIS SPACE

**City & State**  
 GREENACRES, FL

**City & State**  
 NAPLES, FL

**4. FEI Number**  
 59-3739179

**Applied For**  
 Not Applicable

**5. Certificate of Status Desired**  **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

DOUGLAS A. LEWIS, ESQ.  
 ROETZEL & ANDRESS  
 850 PARK SHORE DRIVE, THIRD FLOOR  
 NAPLES, FL 34103

**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.**

**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 \$50.00**  
 Make Check Payable to Department of State

**9. MANAGING MEMBERS/MANAGERS**


TITLE NAME STREET ADDRESS CITY - ST - ZIP	JACK CRIPASI 2375 Tamiami trail Naples, Fla. 34103 MGR	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	INITIAL MANAGER LEROY TINTORI 6325 TALL CYPRESS CIRCLE GREENACRES, FL 33463	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

500004621835  
 -10/03/01-01060-003  
 \*\*\*\*\*50.00 \*\*\*\*\*50.00

**11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.**

**SIGNATURE:**  **9/24/01**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CR2E083 (11/00)