

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2002 8:00 am
Secretary of State

01-22-2002 90006 013 ****55.00

DOCUMENT# L00000001943

1. Entity Name
ST. JOSEPH'S, LLC

Principal Place of Business

~~6325 TALL CYPRESS CIRCLE
 GREENACRES FL 33463~~

Mailing Address

CRIFASI ROETZEL, INC
 2375 TAMiami TRAIL N.
 SUITE 208C
 NAPLES FL 34103

2. Principal Place of Business

2375 Tamiami Trail N.

3. Mailing Address

2375 Tamiami Trail N.



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite 208C

Suite, Apt. #, etc.

Suite 208C

City & State

NAPLES FLA

City & State

NAPLES FLA

4. FEI Number **59-3739179**

Applied For
 Not Applicable

Zip

34103

Country

USA

Zip

34103

Country

USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	TINTORI, LEROY	
STREET ADDRESS	6325 TALL CYPRESS CIRCLE	
CITY-ST-ZIP	GREENACRES FL 33463	
TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	CRIFASI, JACK	
STREET ADDRESS	6325 TALL CYPRESS CIRCLE	
CITY-ST-ZIP	GREENACRES FL 33463	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRIFASI, JACK	
STREET ADDRESS	2375 TAMiami TRAIL N, Suite 208C	
CITY-ST-ZIP	NAPLES, FL 34103	
TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRIFASI, JACK	
STREET ADDRESS	2375 TAMiami TRAIL N, Suite 208C	
CITY-ST-ZIP	NAPLES, FLA 34103	
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		

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/10/2002 *941*
594-7000

Date

Daytime Phone #

CR2E083 (9/01)