

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

0019804

02-20-2002 90181 041 ****61.25

DOCUMENT # N01000002974

1. Entity Name

SOUTH FLORIDA LAY CISTERCIANS, INC.

Principal Place of Business

Mailing Address

6311 N.W. 47 COURT
 CORAL SPRINGS FL 33067

6311 N.W. 47 COURT
 CORAL SPRINGS FL 33067

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1092484

Applied For

Not Applicable

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

WUNKER, ROBERT L
2600 N. MILITARY TRAIL
4TH FLOOR
BOCA RATON FL 33431

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 **PD** Delete
 NAME **SMITH, NATALIE**
 STREET ADDRESS **6311 N.W. 47 COURT**
 CITY-ST-ZIP **CORAL SPRINGS FL 33067**

TITLE Change Addition
 NAME Change Addition
 STREET ADDRESS Change Addition
 CITY-ST-ZIP Change Addition

TITLE **STD** Delete
 NAME **WUNKER, MARY A**
 STREET ADDRESS **3131 N.W. 108 DRIVE**
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **STD** Change Addition
 NAME **MARY ANN WUNKER**
 STREET ADDRESS **2623 NW 49 ST**
 CITY-ST-ZIP **BOCA RATON, FL 33434**

TITLE **D** Delete
 NAME **SHANK, LILLIAN SR.**
 STREET ADDRESS **4002 INVERRARY BLVD.**
 CITY-ST-ZIP **LAUDERHILL FL 33319**

TITLE Change Addition
 NAME Change Addition
 STREET ADDRESS Change Addition
 CITY-ST-ZIP Change Addition

TITLE **D** Delete
 NAME **MCALPINE, CELE**
 STREET ADDRESS **9451 N.W. 40 STREET**
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE Change Addition
 NAME Change Addition
 STREET ADDRESS Change Addition
 CITY-ST-ZIP Change Addition

TITLE Delete
 NAME Delete
 STREET ADDRESS Delete
 CITY-ST-ZIP Delete

TITLE Change Addition
 NAME Change Addition
 STREET ADDRESS Change Addition
 CITY-ST-ZIP Change Addition

TITLE Delete
 NAME Delete
 STREET ADDRESS Delete
 CITY-ST-ZIP Delete

TITLE Change Addition
 NAME Change Addition
 STREET ADDRESS Change Addition
 CITY-ST-ZIP Change 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: **MARY ANN WUNKER** **MARY ANN WUNKER** **2-5-02** **988-0072**

CR2E037 (9/01)

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