

**2000 UNIFORM BUSINESS REPORT (UBR)**

3/2

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

03-29-2000 90045 013 \*\*\*\*61.25

**DOCUMENT # N08863**

1. Entity Name

**ARCHBISHOP HURLEY HALL, INC.**

Principal Place of Business

11440 N.KENDAL DR  
 STE E-209  
 MIAMI FL 33176  
 US

Mailing Address

11440 N.KENDAL DR  
 STE E-209  
 MIAMI FL 33176-1044  
 US

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

**59-2533819**

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

**FITZGERALD, J PATRICK, ESQUIRE**  
 110 MERRICK WAY  
 SUITE 2-C  
 CORAL GABLES FL 33134

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 \$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

TITLE	PD	<input type="checkbox"/> Delete
NAME	QUINLIVAN, J. M	
STREET ADDRESS	5730 SW 74TH ST, STE. 300	
CITY-ST-ZIP	SOUTH MIAMI FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ABELLO, EUGENE	
STREET ADDRESS	2736 SW 7TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CONWAY, LAURENCE	
STREET ADDRESS	17775 NORTH BAY ROAD	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MCCAUL, MICHAEL	
STREET ADDRESS	2251 YUCCA AVE	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEIBEL, GARY R	
STREET ADDRESS	123 NW 6TH AVE	
CITY-ST-ZIP	HALLANDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steibel, Gary R.	
STREET ADDRESS	123 NW 6th Ave.	
CITY-ST-ZIP	Hallandale, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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:

*SIG Mark Steibel*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. M. Quinlivan 305-752-2824  
 XXXXXXXXXXXXXXXXXXXX 3/17/2000  
 Date Daytime Phone #

CR2E037 (9/99)