

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90256 038 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # N11395

1. Entity Name
REDEMPTORIST FATHERS OF FLORIDA, INC.

Principal Place of Business 313 HILLMAN ST. P O BOX 1529 (32170) NEW SMYRNA BEACH FL 32170	Mailing Address 313 HILLMAN ST. P O BOX 1529 (32170) NEW SMYRNA BEACH FL 32168-6715
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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 13-1635280	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**ROSS, WILLIAM L. JR.
 221 NORTH CAUSEWAY
 NEW SMYRNA BEACH FL 32069**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	KUHN, BR T	
STREET ADDRESS	313 HILLMAN STREET	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GRAY, REV EDWARD	
STREET ADDRESS	313 HILLMAN ST.	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MAJEWSKI, JOSEPH	
STREET ADDRESS	313 HILLMAN ST.	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	NELSON, FRANK	
STREET ADDRESS	7509 SHORE RD.	
CITY-ST-ZIP	BROOKLYN, NY.	
TITLE	AS	<input type="checkbox"/> Delete
NAME	CHAVARRIA, JEROME REV	
STREET ADDRESS	313 HILLMAN ST.	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	KEAVENEY, GEORGE	
STREET ADDRESS	7509 SHORE RD.	
CITY-ST-ZIP	BROOKLYN, NY.	

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	<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	

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: BR THOMAS KUHN *BR Thomas Kuhn* **JANUARY 12, 2000** **904 427-3094**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)