

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90031 039 ****61.25

DOCUMENT # N11395

1. Entity Name

REDEMPTORIST FATHERS OF FLORIDA, INC.

743012



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 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 32170 |
|---|---|

| | | | |
|--------------------------------|---------|---------------------|---------|
| 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 _____
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. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Department of State |
|---------------------------------|---|--|

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD Smyth, John 313 Hillman St. New Smyrna Beach, FL 32168 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Moley, Kevin 7509 Shore Rd. Brooklyn, NY | <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: *AS REQUIRED*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/02 (386) 427-3094

Date Daytime Phone #

CR2E037 (9/01)