## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

## **FILED** Jan 27, 2000 8:00 am Secretary of State **DOCUMENT # N13580** 1. Entity Name SOCIETY OF ST. VINCENT DE PAUL OZANAM DISTRICT C 01-27-2000 90026 020 \*\*\*\*61.25 Principal Place of Business Mailing Address 7944 GRAND BLVD. P.O. BOX 253 ENTIRE BLDG PORT RICHEY FL 34673-0253 PORT RICHEY FL 34668 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2905349 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BIRMINGHAM, JOHN M. 7025-1 COGNAC DR **NEW PORT RICHEY FL 34653** Zip Code City 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) 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Addition PD TITLE □ Change TITLE ☐ Delete HOLT, DENNIS NAME NAME STREET ADDRESS 23647 WOODGLEN AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAND O'LAKES FL Addition ·TITLE ☐ Delete TITLE ☐ Change BIRMINGHAM, JOHN M. NAME 7025-1 COGNAC DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW PORT RICHEY FL** TD: ☐ Change ☐ Addition TITLE Delete LONIGAN, LARRY NAME STREET ADDRESS STREET ADDRESS 4234 REVERE CIR CITY-ST-ZIP CITY-ST-ZIP **NEW PORT RICHEY FL** SECRETARY DIRECTOF Change ☐ Addition SD Delete TITLE TITLE OF PIVETTE, ROBERT NAME NAME PINETTE, ROBERT STREET ADDRESS SPELLING STREET ADDRESS 4823 BOONESBORO CT 4823 BOONES BORD CT CITY-ST-ZIP CITY-ST-ZIP NEW PORT RICHEY FL NEW PORT RICHEY ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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