

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N13580

1. Entity Name

SOCIETY OF ST. VINCENT DE PAUL OZANAM DISTRICT C

Principal Place of Business

7944 GRAND BLVD.
ENTIRE BLDG
PORT RICHEY FL 34668
US

Mailing Address

P.O. BOX 253
PORT RICHEY FL 34673-0253
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

BIRMINGHAM, JOHN M.
7025-1 COGNAC DR
NEW PORT RICHEY FL 34653

7. Name and Address of New Registered Agent

Name JOHN M BIRMINGHAM

Street Address (P.O. Box Number is Not Acceptable)

13211 NORMAN CIRCLE

HUDSON FL

City

FL

Zip Code

34669

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 John M Birmingham Vice President
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
NAME HOLT, DENNIS
STREET ADDRESS 23647 WOODGLEN AVE
CITY-ST-ZIP LAND O'LAKES FL ☐ Delete

TITLE PD
NAME BIRMINGHAM, JOHN M.
STREET ADDRESS 7025-1 COGNAC DR
CITY-ST-ZIP NEW PORT RICHEY FL ☐ Delete

TITLE TD
NAME LONIGAN, LARRY
STREET ADDRESS 4234 REVERE CIR
CITY-ST-ZIP NEW PORT RICHEY FL ☐ Delete

TITLE SD
NAME PINETTE, ROBERT
STREET ADDRESS 4823 BOONESBORO CT
CITY-ST-ZIP NEW PORT RICHEY FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE VP
NAME BIRMINGHAM, JOHN M.
STREET ADDRESS 13211 NORMAN CIRCLE
CITY-ST-ZIP HUDSON FL 34669 ☒ Change ☐ Addition

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

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

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

TITLE
NAME
STREET ADDRESS
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:

John M Birmingham Vice President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/8/01 37959472
Daytime Phone #

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90019 030 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)