

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90165 033 ****70.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # N13849

1. Entity Name
THE TRADITIONAL CATHOLIC CHURCHES OF FLORIDA INC

Principal Place of Business		Mailing Address	
5011 VILLAGE GARDENS DR SARASOTA FL 34234 US		5011 VILLAGE GARDENS DR SARASOTA FL 34234-4017 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 **59-2869111**

Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BUMIENNY, ROBERT J BISHOP 5011 VILLAGE GARDENS DR SARASOTA FL 34234		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARSENAULT, WILLIAM L REV, 5206 TENTH AVENUE SO. GULFPORT FL 33707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ARSENAULT, WILLIAM L, MOST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5959 SOMERSET DRIVE PENSACOLA FL 32526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUMIENNY, ROBERT J REV. ^{MOST} <input type="checkbox"/> Delete 5011 VILLAGE GARDENS DR SARASOTA FL 34234	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FRANCONE CHRISTOPHER MOST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 19 COLD SPRING COURT PALM COAST FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PINTZOW, HERMAN <input type="checkbox"/> Delete 3233 LOCKWOOD RIDGE RD #198 SARASOTA FL 34234	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLNEY, BRENDAN <input checked="" type="checkbox"/> Delete 1501 E. 36TH AVE GARY IN 46409	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARDENAS, FRANCESCO A REV. <input type="checkbox"/> Delete 832 FILLMORE ST GARY IN 46402	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: William L. Arsenault, President 3-27-00 941-739-6300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)