

**2001 UNIFORM BUSINESS REPORT (UBR)**

2/1

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90049 018 \*\*\*\*61.25

**DOCUMENT # N25886**

1. Entity Name

**BAHAMAS MISSION OF FLORIDA, INC.**

Principal Place of Business

110 MERRICK WAY  
 SUITE 3-B  
 CORAL GABLES FL 33134  
 US

Mailing Address

110 MERRICK WAY  
 SUITE 3-B  
 CORAL GABLES FL 33134  
 US

60000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0054842</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
<b>FITZGERALD, J. PATRICK</b> 110 MERRICK WAY SUITE 2-C CORAL GABLES FL 33134				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.

**\$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	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOSS, PRESTON A.		NAME		
STREET ADDRESS	PO BOX N8187 N/A		STREET ADDRESS		
CITY-ST-ZIP	NASSAU, BAHAMAS		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CULMER, ALFRED		NAME	D, Secretary, Vice President	
STREET ADDRESS	PO BOX N8187 N/A		STREET ADDRESS	Very Rev. Tomas M. Marin	
CITY-ST-ZIP	NASSAU, BAHAMAS		CITY-ST-ZIP	9401 Biscayne Blvd.	
TITLE	D <input type="checkbox"/> Delete		TITLE	Miami Shores, Florida 33138	
NAME	BURKE, LAWRENCE A		NAME		
STREET ADDRESS	PO BOX N8187 N/A		STREET ADDRESS		
CITY-ST-ZIP	NASSAU, BAHAMAS		CITY-ST-ZIP		
TITLE	AS <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	J. PATRICK FITZGERALD		NAME		
STREET ADDRESS	110 MERRICK WAY, STE 2-C		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Most Rev. Lawrence A. Burke, S.J.  
 Most Rev. Lawrence A. Burke, S.J.

Jan, 29/01 (242) 322-4533

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)