

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90105 021 ****70.00

DOCUMENT # N42940

1. Entity Name

FRANCISCAN CENTER, TAMPA, FLORIDA, INC.

Principal Place of Business

Mailing Address

**3010 PERRY AVENUE
 TAMPA FL 33603**

**3010 PERRY AVENUE
 TAMPA FL 33603**

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

59-1356360

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

**CAHILL, CATHERINE SR.
 3010 PERRY AVENUE
 TAMPA FL 33603**

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 type="checkbox"/> Delete
NAME	HOCHSCHWENDER, ELLEN	
STREET ADDRESS	4213 SEVILLA STREET	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAHILL, CATHERINE SIS	
STREET ADDRESS	3010 PERRY AVENUE	
CITY-ST-ZIP	TAMPA FL 33603	
TITLE	C	<input type="checkbox"/> Delete
NAME	ROCK, JOANNE	
STREET ADDRESS	502 S WILLOW 4	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	D	<input type="checkbox"/> Delete
NAME	LIVINGSTON, PATRICIA	
STREET ADDRESS	2 ADALIA AVENUE #501	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCNALLY, SR. MARY	
STREET ADDRESS	2924 W. CURTIS	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROONEY, M CARLENE SIS	
STREET ADDRESS	631 11TH STREET NORTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33705	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Sister Catherine Cahill
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sister Catherine Cahill 1/15/02/813-529-2685
 Date Daytime Phone #

CR2E037 (9/01)