

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 21, 2000 8:00 am**  
**Secretary of State**

07-21-2000 90155 002 \*\*\*\*70.00

**DOCUMENT # N93000002663**  
 1. Entity Name  
**ST. ANTHONY'S CATHOLIC SCHOOL ENDOWMENT FUND, IN**

Principal Place of Business: **820 MARCUM RD. LAKELAND FL 33809**  
 Mailing Address: **P.O. BOX 90164 LAKELAND FL 33804**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

City & State: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Country: \_\_\_\_\_

4. FEI Number: **59-3225794**  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**PARKS, JOHN P**  
**%WENDEL, CHRITTON & PARKS, CHARTERED**  
**5300 S. FLORIDA AVE.**  
**LAKELAND FL 33813**

7. Name and Address of New Registered Agent  
 Name: **WENDEL CHRITTON PARKS & DEBARI CHARTERED**  
 Street Address (P.O. Box Number is Not Acceptable): **WENDEL CHRITTON PARKS & DEBARI CHARTERED**  
**5300 S FLORIDA AVENUE**  
 City: **LAKELAND** State: **FL** Zip Code: **33813**

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.  
**WENDEL CHRITTON PARKS & DEBARI CHARTERED, a Florida professional service corporation**  
 by: *John Paul Parks* **John Paul Parks, V.P.** **7/17/2000**  
 SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**After September 13, 2000 min. will be \$236.25**

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	<input type="checkbox"/> Delete
NAME	CUNNINGHAM, VIANNEY J REV	
STREET ADDRESS	820 MARCUM RD	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PATRICK, MICHAEL (SISTE	
STREET ADDRESS	820 MARCUM RD	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	THOMPSON, JOHN	
STREET ADDRESS	1311 HAMMOCK DRIVE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LAUSELL, CATHY	
STREET ADDRESS	6135 CHAROLIAS DRIVE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GILLEN, MATHHEW	
STREET ADDRESS	1135 W. GREENWOOD	
CITY-ST-ZIP	LAKELAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Vianney J Cunningham* **REV. VIANNEY CUNNINGHAM, T.O.R.** **July 17 2000** **(863)858-8047**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date Daytime Phone #

CR2E037 (5/00)