

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90143 009 \*\*\*\*61.25

<b>DOCUMENT # N93000004569</b>			
1. Entity Name <b>ST. MONICA'S EPISCOPAL CHURCH, INC.</b>			
Principal Place of Business <b>7070 IMMOKALEE RD SUITE 100 NAPLES FL 34119-8845 US</b>		Mailing Address <b>7070 IMMOKALEE RD SUITE 100 NAPLES FL 34119-8845 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. <b>7070 Immokalee Rd</b>		Suite, Apt. #, etc. <b>7070 Immokalee Rd</b>	
City & State <b>NAPLES, FL</b>		City & State <b>Naples, FL</b>	
Zip <b>34119-8845</b>	Country <b>USA</b>	Zip <b>34119-8845</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent <b>WHITE, V B 550 W PLAZA NAPLES-FL 34108</b>		7. Name and Address of New Registered Agent Name <b>R. B. OAKLEAF</b> Street Address (P.O. Box Number is Not Acceptable) <b>6001 Pelican Bay Blvd #1105</b> City <b>NAPLES</b> FL Zip Code <b>34108-7111</b>	
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 <b>R.B. OAKLEAF</b> <i>R.B. Oakleaf Treas.</i> <b>1/6/2000</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			



DO NOT WRITE IN THIS SPACE

<b>FILE NOW:</b> <b>FEE IS \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to</b> <b>Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NICK, PAUL C</b> <b>9790 WINCHESTER WOOD</b> <b>NAPLES FL</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HANIS, CAROLINE</b> <b>526 LAKE LOUISE CIR</b> <b>NAPLES, FL 34110</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TS</b> <b>OAKLEAF, R B</b> <b>6001 PELICAN BAY BLVD, 1105</b> <b>NAPLES FL 34108</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GAMEL, BETTY L</b> <b>1280 22ND AVE. N.</b> <b>NAPLES FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WEINLEIN, E J</b> <b>520 3RD ST NW</b> <b>NAPLES FL 34120</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>No Replacement</b> <b>85 05 1/6/2000</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WHITE, VICKIE B</b> <b>550 WEST PLACE</b> <b>NAPLES FL 33963</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>R.D. BENSON JR.</b> <b>409 CYPRESSWAY E.</b> <b>NAPLES, FL 34110</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STICKNEY, WAYNE P</b> <b>9753 CAMPBELL CR</b> <b>NAPLES FL</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HEDGER, Isax</b> <b>32 Gulf Shore Blvd N</b> <b>Naples, FL 34103</b>	<input checked="" 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: **OAKLEAF, R.B.** *R.B. Oakleaf Treas.* **1/6/2000** 591 / 4550  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #