

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90350 019 ****61.25

DOCUMENT # N94000006159

1. Entity Name

GOOD SHEPHERD SCHOOL FOUNDATION, INC.

Principal Place of Business

5902 E. OLEANDER STREET
 ORLANDO FL 32807

Mailing Address

5902 E. OLEANDER STREET
 ORLANDO FL 32807

815132



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3305012**

Applied For
 Not Applicable

Zip Country Zip Country

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

AVITABILE, SONNY
5902 E OLEANDER ST
ORLANDO FL 32807

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	PD	<input type="checkbox"/> Delete
NAME	KINIRY, DAVID	
STREET ADDRESS	C/O 5902 E OLEANDER ST	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SHERIDAN, BRIAN	
STREET ADDRESS	C/O 5902 E OLEANDER ST	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE	SD	<input type="checkbox"/> Delete
NAME	COMMANDER, JENNA	
STREET ADDRESS	C/O 5902 E OLEANDER ST	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	AVITABILE, SONNY	
STREET ADDRESS	C/O 5902 E. OLEANDER STREET	
CITY-ST-ZIP	ORLANDO FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JUBELT, CHRISTINE	
STREET ADDRESS	% 5902 OLEANDER DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> Delete
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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)