

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002351

1. Entity Name

AMERICAN CATHOLIC DIOCESE OF THE GOOD SHEPHERD,

**FILED**  
May 31, 2000 8:00 am  
Secretary of State

05-31-2000 90007 035 \*\*\*\*70.00

Principal Place of Business 7175 SO US HWY ONE #47 TITUSVILLE FL 32780 6175 N Harbor City Blvd Melbourne, FL 32940	Mailing Address 7175 SO US HWY ONE #47 TITUSVILLE FL 32780-8172 P.O. Box 560083 Rockledge, FL 32956
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2. Principal Place of Business 6175 N Harbor City Blvd Suite, Apt. #, etc.	3. Mailing Address P.O. Box 560083 Suite, Apt. #, etc.
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City & State Melbourne, FL	City & State Rockledge, FL
Zip 32940	Zip 32956
Country USA	Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3505530 APPLIED FOR	Applied For Not Applicable
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5. Certificate of Status Desired X	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

NAJA, JOSEPH D  
7175 SO US HWY ONE #47  
TITUSVILLE FL 32780

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
10604 Gandy Blvd  
City Tampa FL Zip Code 33702

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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD AGEE, HERBERT T 6175 N HARBOR CITY BLVD MELBOURNE FL 32940 <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	VD NAJE, JOSEPH O 7175 S. US 1 #87 TITUSVILLE FL 32785 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NAJE, JOSEPH O 10604 Gandy Blvd Tampa, FL 33702 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD QUIGLEY, CARMEL 12500 KIRBY SMITH RD ORLANDO FL 32832 <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	<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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: SIGNATURE REQUIRED 5-21-00 321.536 9377  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)