

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N99000001604**

1. Entity Name

**ARCHDIOCESE OF MIAMI, INC.**

**FILED**

**00 MAR 23 AM 9:28**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business <b>9401 BISCAYNE BOULEVARD MIAMI FL 33138</b>	Mailing Address <b>9401 BISCAYNE BOULEVARD MIAMI FL 33138-2970</b>
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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  
**65-0909504**

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

**J. PATRICK FITZGERALD, ESQUIRE  
110 MERRICK WAY  
SUITE 3-B  
CORAL GABLES FL 33134**

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**  Delete  
NAME **FAVALORA, JOHN C REV.**  
STREET ADDRESS **9401 BISCAYNE BOULEVARD**  
CITY-ST-ZIP **MIAMI FL 33138**

TITLE  Change  Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VD**  Delete  
NAME **HENNESSEY, WILLIAM J REV.**  
STREET ADDRESS **9401 BISCAYNE BOULEVARD**  
CITY-ST-ZIP **MIAMI FL 33138**

TITLE  Change  Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD**  Delete  
NAME **VAUGHAN, JOHN J REV.**  
STREET ADDRESS **9401 BISCAYNE BOULEVARD**  
CITY-ST-ZIP **MIAMI FL 33138**

TITLE  Change  Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD**  Delete  
NAME **MARIN, TOMAS M REV.**  
STREET ADDRESS **9401 BISCAYNE BOULEVARD**  
CITY-ST-ZIP **MIAMI FL 33138**

TITLE  Change  Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Add  
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:

**LS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JOHN J. VAUGHAN** 1/18/00

Date

385-77-62  
Daytime Phone #