

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2001 8:00 am**  
**Secretary of State**

02-07-2001 90136 049 \*\*\*\*61.25

**DOCUMENT # N99000003147**

1. Entity Name

**SOCIETY OF ST. VINCENT DE PAUL OF HIGHLANDS COUN**

Principal Place of Business

**834 N.W. LAKEVIEW DRIVE  
 SEBRING FL 33870**

Mailing Address

**834 N.W. LAKEVIEW DRIVE  
 SEBRING FL 33870**

2. Principal Place of Business

**200 CIRCLE N**

Suite, Apt. #, etc.

3. Mailing Address

**PO BOX 3580**

Suite, Apt. #, etc.

City & State

**SEBRING, FL**

City & State

**SEBRING, FL**

4. FEI Number

**65-0794447**

Applied For

Not Applicable

Zip

**33870**

Country

**USA**

Zip

**33871-3580**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**WEEKS, JAMES K  
 5314 4TH STREET S  
 SEBRING FL 33876**

7. Name and Address of New Registered Agent

Name  
**WEEKS, JAMES K**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5314 11TH ST S**  
 City  
**SEBRING** FL Zip Code  
**33870**

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

*James K. Weeks*

(NOTE: Registered Agent signature required when reinstating)

*29 January, 2001*

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JOHNSON, GARY</b> <b>834 N.W. LAKEVIEW DRIVE</b> <b>SEBRING FL 33870</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WEEKS, JAMES K</b> <b>5314 11TH STREET SOUTH</b> <b>SEBRING FL 33870</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MERCURE, DEBBIE</b> <b>4660 TODD AVE.</b> <b>SEBRING FL 33870</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MERCURE, LARRY</b> <b>4660 TODD AVE.</b> <b>SEBRING FL 33870</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MERCURE, DEBBIE</b> <b>4660 COD AVE</b> <b>SEBRING, FL 33870</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MERCURE, LARRY</b> <b>4660 COD AVE</b> <b>SEBRING, FL 33870</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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:

*Debbie Mercure* **Debbie Mercure** *29 January, 2001* **863.402.0356**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)