

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2001 8:00 am
Secretary of State

09-17-2001 90007 020 ****61.25

DOCUMENT # P14674

1. Entity Name

SOCIETY OF FRANCISCAN FATHERS OF GREENE, MAINE,



Principal Place of Business

**FRANCISCAN MONASTERY
P.O. BOX 980
KENNEBUNKPORT ME 04046-0980**

Mailing Address

**FRANCISCAN MONASTERY
P.O. BOX 980
KENNEBUNKPORT ME 04046-0980**

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KENNEBUNKPORT, ME.

City & State

KENNEBUNKPORT, ME.

4. FEI Number

22-2288242

Applied For

Not Applicable

Zip

04046-0980

Country

USA

Zip

04046-0980

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GRABNICKAS, ANTANAS
555 68TH AVENUE
ST. PETERSBURG BEACH FL 33706**

7. Name and Address of New Registered Agent

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

Antanas Grabnickas **ANTANAS GRABNICKAS**

08/03/01

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

After September 12, 2001, min. will be \$236.25

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 **PD** ☐ Delete
NAME **BARIUS, PLACIDUS**
STREET ADDRESS **P.O. BOX 980 BEACH ST**
CITY-ST-ZIP **KENEBUNKPORT ME**

TITLE **STD** ☐ Delete
NAME **SAKALYS, RAPHAEL**
STREET ADDRESS **P.O. BOX 980 BEACH ST**
CITY-ST-ZIP **KENEBUNKPORT ME**

TITLE **D** ☒ Delete
NAME **ROPOLAS, STEPHEN**
STREET ADDRESS **P.O. BOX 980 BEACH ST**
CITY-ST-ZIP **KENEBUNKPORT ME**

TITLE **D** ☐ Delete
NAME **GRABNICKAS, ANTANAS**
STREET ADDRESS **555 68TH AVENUE**
CITY-ST-ZIP **SAINT PETERSBURG FL 33706**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *R. Sakalis* **R. SAKALYS** **AUG. 23, 2001** **(207) 967-2011**

CR2E037 (5/01)