

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90084 019 \*\*\*\*70.00

**DOCUMENT # N99000006650**

1. Entity Name

**ST. MARY'S PARISH OF ST. JOHN'S CATHOLIC CHURCH,**

Principal Place of Business

Mailing Address

**6616 28TH ST SOUTH  
 ST. PETERSBURG FL 33712  
 US**

**6616 28TH ST SOUTH  
 ST. PETERSBURG FL 33712  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3632478**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NIZNIK, ROBERT REV  
 6616 28TH ST SOUTH  
 ST. PETERSBURG FL 33712**

Name **RT. REV. ROBERT NIZNIK**

Street Address (P.O. Box Number is Not Acceptable)

**6616 28th ST. SOUTH**

City **ST. PETERSBURG**

**FL**

Zip Code **33712**

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

*RT. Rev. Robert Niznik*

**RT. REV. ROBERT NIZNIK**

**1-13-01**

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**

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 **P** ☐ Delete  
 NAME **NIZNIK, ROBERT REV.**  
 STREET ADDRESS **6616 28TH ST SOUTH**  
 CITY-ST-ZIP **ST. PETERSBURG FL 33712**

TITLE **P** ☒ Change ☐ Addition  
 NAME **RT. REV. ROBERT NIZNIK**  
 STREET ADDRESS **6616 28th STREET SOUTH**  
 CITY-ST-ZIP **ST. PETERSBURG, FL 33712**

TITLE **VP** ☐ Delete  
 NAME **BEZLER, GEORGE REV.**  
 STREET ADDRESS **6616 28TH ST. SOUTH**  
 CITY-ST-ZIP **ST. PETERSBURG FL 33712**

TITLE **T** ☐ Change ☒ Addition  
 NAME **BARBARA MILAN**  
 STREET ADDRESS **8461 MONARCH CIRCLE**  
 CITY-ST-ZIP **SEMINOLE, FL 33772**

TITLE **SD** ☐ Delete  
 NAME **ARSENault, REBEKAH**  
 STREET ADDRESS **1111 BAYSHORE BLVD.**  
 CITY-ST-ZIP **CLEARWATER FL 34619**

TITLE **D** ☒ Change ☐ Addition  
 NAME **MAURICE, STANTE**  
 STREET ADDRESS **751 42nd AVE. N.E.**  
 CITY-ST-ZIP **ST. PETERSBURG, FL 33703**

TITLE **T** ☐ Delete  
 NAME **STANTE, MAURICE**  
 STREET ADDRESS **751 42ND AVE. NE**  
 CITY-ST-ZIP **ST. PETERSBURG FL 33703**

TITLE **D** ☒ Change ☐ Addition  
 NAME **JOHANNA GILLINGHAM**  
 STREET ADDRESS **3895 50th AVE S.**  
 CITY-ST-ZIP **ST. PETERSBURG, FL 33711**

TITLE **T** ☐ Delete  
 NAME **GILLINGHAM, JOHANNA**  
 STREET ADDRESS **3895 50TH AVE. S.**  
 CITY-ST-ZIP **ST. PETERSBURG FL 33711**

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

TITLE **T** ☒ Delete  
 NAME **SUDOL, PATRICIA**  
 STREET ADDRESS **3310 LONG BEACH**  
 CITY-ST-ZIP **BRANT BEACH NJ 08008**

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:

*RT. REV. ROBERT NIZNIK*

**1-13-01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)