

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005292

1. Entity Name

ST. FRANCIS SOCIETY, INC.

Principal Place of Business

1911 LAKE PLATT LANE
TAMPA FL

Mailing Address

1911 LAKE PLATT LANE
TAMPA FL

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3469332

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STAFFORD, STEWARD L
15951 N. FLORIDA AVE.
LUTZ FL 33549

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

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

TITLE	D	<input type="checkbox"/> Delete
NAME	CALKIN, RON	
STREET ADDRESS	712 GATEWAY LANE	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEAR, ROBYN	
STREET ADDRESS	16910 HAWKRIDGE RD	
CITY-ST-ZIP	LITHIA FL 33547	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JACKSON, CHRISTINE	
STREET ADDRESS	28453 MEADOWRUSH WAY	
CITY-ST-ZIP	WESLEY CHAPEL FL 33543	
TITLE	D	<input type="checkbox"/> Delete
NAME	KELLY, CHERYL	
STREET ADDRESS	19015 WEATHERSTONE DR	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHWARTZ, ALICIA	
STREET ADDRESS	8551 HUNTER'S KEY CIRCLE	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALUISY, RAQUEL	
STREET ADDRESS	1911 LAKE PLATT LANE	
CITY-ST-ZIP	TAMPA FL 33618	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Linda Rollison	
STREET ADDRESS	11132 Windpoint Dr	
CITY-ST-ZIP	Tampa, FL 33635	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Karene Schneider	
STREET ADDRESS	4902 Plantation Dr	
CITY-ST-ZIP	Tampa FL 33615	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Karen Hubby	
STREET ADDRESS	5101 Excellence #316	
CITY-ST-ZIP	Tampa, FL 33617	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dense Selsky	
STREET ADDRESS	7725 Alvin St	
CITY-ST-ZIP	Tampa, FL 33635	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lorri Schumpf	
STREET ADDRESS	14738 Lake Magdalene Circle	
CITY-ST-ZIP	Tampa, FL 33613	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ruth Nelson	
STREET ADDRESS	5813 Jenny Dr	
CITY-ST-ZIP	Tampa, FL 33613	

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 of Steward L. Stafford

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01/26/01

Daytime Phone #

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90108 045 ****61.25

A0017805



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)