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FILED

May 19, 2001 8:00 am
Secretary of State

04-30-2001 90074 019 ****70.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004090

1. Entity Name

ST. JOSEPH BENEVOLENT ALLIANCE INC.

Principal Place of Business

1960 US #1 SOUTH
PMB 48
SAINT AUGUSTINE FL 32086
US

Mailing Address

1960 US #1 SOUTH
PMB 48
SAINT AUGUSTINE FL 32086
US

2. Principal Place of Business

150 Kent Rd

3. Mailing Address

150 Kent Rd

Suite, Apt. #, etc.

2A

Suite, Apt. #, etc.

2A

City & State

St Aug, FL

City & State

St Aug, FL

Zip

32084

Country

St Johns

Zip

32086

Country

St Johns

4. FEI Number

59-3334865

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

SEGUI, DONALD J
34 CORDOVA ST
ST AUGUSTINE FL 32084

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 retreating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAGINER, MARCIA 34 CORDOVA ST ST AUGUSTINE FL 32084	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SEGUI, EMMA 38 CORDOVA ST ST AUGUSTINE FL 32084	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALDWELL, JAMES 6131 105TH ST JACKSONVILLE FL 32244	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORPUT, INDRA 4116 HARDWOOD LANDING SAINT AUGUSTINE FL 32086	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEGUI, D J 34 1/2 CORDOVA ST SAINT AUGUSTINE FL 32084	<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	President Segui, Marcia 34 Cordova St. St. Aug., FL 32084	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. T. Lee Caldwell, James 6131 105th St. Jacksonville, FL 32244	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Segui, D.J. 34 1/2 Cordova St. St. Aug., FL 32084	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director David Mangill 200 Seagull Dr. St. Aug., FL 32086	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2037 (10/00)

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:

MSIGNATURE REQUIRED (D. SEGUI 4/1/01 (904) 377-1815

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #