

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 01, 2002 8:00 am
Secretary of State

07-01-2002 90351 004 ****70.00

DOCUMENT #

P00765

1. Entity Name

UNIVERSITY OF ST. FRANCIS CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

500 N. Wilcox St.

Suite, Apt. #, etc.

3. Mailing Address

500 N. Wilcox St.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Joliet, IL

City & State

Joliet, IL

4. FEI Number

Applied For

Not Applicable

Zip

60435

Country

USA

Zip

60435

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

McCoy, Janice

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

3330 Spartina Ave.

City

Merritt Island

FL

Zip Code

32953

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

FEE IS \$61.25

Initial or Amended UBR

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

P
Murphy, Carolyn
500 N. Wilcox St.
Joliet, IL 60435

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
Webb, J. B.
500 N. Wilcox St.
Joliet, IL 60435

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
Vinciguerra, Dr. Michael J.
500 N. Wilcox St.
Joliet, IL 60435

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T
Brown, Michael J.
500 N. Wilcox St.
Joliet, IL 60435

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
Manner, John
500 N. Wilcox St.
Joliet, IL 60435

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
Flavin, Thomas
500 N. Wilcox St.
Joliet, IL 60435

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael Vinciguerra

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/20/02

Date

815-740-3369

Daytime Phone #

CR2E037B (12/01)