

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90280 033 ****61.25

DOCUMENT # 708865

1. Entity Name

SAINT LEO UNIVERSITY INCORPORATED



Principal Place of Business

**SAINT LEO UNIVERSITY
HIGHWAY 52
ST. LEO FL 33574**

Mailing Address

**SAINT LEO COLLEGE
HIGHWAY 52
ST. LEO FL 33574**

2. Principal Place of Business

Suite, Apt. #, etc.

33701 SR 52

City & State

Zip

Country

3. Mailing Address

SAINT LEO University

Suite, Apt. #, etc.

PO Box 6665

City & State

ST. LEO, FL

Zip

33574

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1237047**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KIRK, DR ARTHUR F
HWY 52
SAINT LEO FL 33574**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Arthur F. Kirk, Jr.
Signature, typed or printed name of registered agent and title if applicable.

Arthur F. Kirk, Jr President 1/7/03
(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
Florida Department of State**

10. OFFICERS AND DIRECTORS

T ☐ Delete
NAME **MEZZANINI, FRANK**
STREET ADDRESS **ST LEO UNIV INC-P O BOX 6665**
CITY-ST-ZIP **SAINT LEO FL 33574**

C ☐ Delete
NAME **GREENFELDER, GLEN**
STREET ADDRESS **14217 THIRD STREET**
CITY-ST-ZIP **DADE CITY FL 33523**

D ☐ Delete
NAME **BUCKNER, ROBERT A**
STREET ADDRESS **11 N MAIN ST**
CITY-ST-ZIP **BROOKSVILLE FL 34601**

S ☐ Delete
NAME **NEWHOFE, MARY CLARE**
STREET ADDRESS **HOLY NAME MONASTERY - POB 2450**
CITY-ST-ZIP **ST LEO FL 33574**

D ☒ Delete
NAME **DEMPSEY, THOMAS L**
STREET ADDRESS **5327 COBBLESTONE COURT**
CITY-ST-ZIP **WESLEY CHAPEL FL 33543**

D ☒ Delete
NAME **CABOT, ROBERT J**
STREET ADDRESS **13540 TENTH ST**
CITY-ST-ZIP **DADE CITY FL 33525**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

☒ Change ☐ Addition
TITLE
NAME **NEWHOFE**
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition
TITLE
NAME **BUCKRIDGE, Thomas**
STREET ADDRESS **3800 Citibank Ctr, F&W**
CITY-ST-ZIP **TAMPA, FL 33601**

☐ Change ☐ Addition
TITLE
NAME **McDEVITT, Sheila**
STREET ADDRESS **702 W. FRANKLIN ST.**
CITY-ST-ZIP **TAMPA, FL 33601**

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:

Arthur F. Kirk, Jr.
Arthur F. Kirk, Jr President 1/7/03

CR2E037 (10/02)