

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 259134

1. Entity Name

ST. JUDE HARBORS, INC.

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90029 046 \*\*\*150.00

Principal Place of Business

Mailing Address

P.O. BOX 11  
AMHERST NH 03031  
US

P.O. BOX 1451  
AMHERST NH 11569-0834  
US

2. Principal Place of Business

1625 HENDRY ST

Suite, Apt. #, etc.

THIRD FLOOR

City & State

PORT MYERS, FL 33901

Zip

33901

Country

US

3. Mailing Address

1625 HENDRY ST

Suite, Apt. #, etc.

THIRD FLOOR

City & State

PORT MYERS, FL 33901

Zip

33901

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

04-2313678

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

EBELINI, MARK A.  
1625 HENDRY STREET  
THIRD FLOOR  
FORT MYERS FL 33901

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> Delete
NAME	BRACCI, ELMO	
STREET ADDRESS	101 N BROADWAY	
CITY-ST-ZIP	HAVERHILL MA	
TITLE	D	<input type="checkbox"/> Delete
NAME	PAPPALARDO, JACQUELINE M.	
STREET ADDRESS	34 NOYES ST.	
CITY-ST-ZIP	METHUEN MA	
TITLE	D	<input type="checkbox"/> Delete
NAME	CALABRESE, MICHAEL	
STREET ADDRESS	939 OCEAN BLVD UNIT 1	
CITY-ST-ZIP	HAMPTON NH	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LARATONDA, ANTHONY	
STREET ADDRESS	30 CHIPPY LANE	
CITY-ST-ZIP	METHUEN MA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jacqueline M. Pappalardo **DIRECTOR** 4/28/00 516 877 4642  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)