

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90206 042 \*\*\*150.00

**DOCUMENT # 259134**

1. Entity Name  
**ST. JUDE HARBORS, INC.**

Principal Place of Business

1625 HENDRY ST  
 3RD FLOOR  
 FORT MYERS FL 33901  
 US

Mailing Address

1625 HENDRY ST  
 3RD FLOOR  
 FORT MYERS FL 33901  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V** ☐ Delete  
 NAME **BRACCI, ELMO**  
 STREET ADDRESS **101 N BROADWAY**  
 CITY-ST-ZIP **HAVERHILL MA**

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

TITLE **D** ☐ Delete  
 NAME **PAPPALARDO, JACQUELINE M.**  
 STREET ADDRESS **34 NOYES ST.**  
 CITY-ST-ZIP **METHUEN MA**

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

TITLE **D** ☐ Delete  
 NAME **CALABRESE, MICHAEL**  
 STREET ADDRESS **939 OCEAN BLVD. UNIT 1**  
 CITY-ST-ZIP **HAMPTON NH**

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

TITLE **TD** ☐ Delete  
 NAME **LARATONDA, ANTHONY**  
 STREET ADDRESS **30 CHIPPY LANE**  
 CITY-ST-ZIP **METHUEN MA**

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

TITLE ☐ Delete  
 NAME **TONI JAYE STILL**  
 STREET ADDRESS **34 NOYES ST**  
 CITY-ST-ZIP **METHUEN MA**

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

TITLE ☐ Delete  
 NAME **CHARLES RANDONE**  
 STREET ADDRESS **27 BUSWELL AVE**  
 CITY-ST-ZIP **METHUEN MA**

TITLE ☐ Change ☐ 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:

*Toni Jaye Still* Director  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/25/01

978.689.9097

CR2E034 (10/00)