

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2000 8:00 am**  
**Secretary of State**

02-17-2000 90075 046 \*\*\*\*61.25

713905



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 701530**

1. Entity Name

**REGIONAL SEMINARY OF ST. VINCENT DE PAUL IN FLOR**

Principal Place of Business

Mailing Address

10701 S. MILITARY TRAIL  
 BOYNTON BEACH FL 33436

10701 S. MILITARY TRAIL  
 BOYNTON BEACH FLA 33436-4811

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1028326

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**NAVARRO, PABLO A**  
**10701 SOUTH MILITARY TRAIL**  
**BOYNTON BEACH FL 33436**

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

**FILE NOW:**  
**FEES IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	FAVALORA, JOHN C	
STREET ADDRESS	9401 BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI SHORES FL 33138	
TITLE	P	<input type="checkbox"/> Delete
NAME	NAVARRO, PABLO A	
STREET ADDRESS	10701 S. MILITARY TRAIL	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BOSSO, STEPHEN C	
STREET ADDRESS	10701 S. MILITARY TRAIL	
CITY-ST-ZIP	BOYNTON BCH. FL 33436	
TITLE	CD	<input type="checkbox"/> Delete
NAME	LYNCH, ROBERT N	
STREET ADDRESS	6363 9TH AVE NORTH	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	HEUBERGER, MARK L	
STREET ADDRESS	10701 S MILITARY TRAIL	
CITY-ST-ZIP	BOYNTON BCH. FL 33436	
TITLE		<input type="checkbox"/> Delete
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'Hala, Steven T.	
STREET ADDRESS	10701 S. Military Trail	
CITY-ST-ZIP	Boynton Beach FL 33436	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/99)

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.

**Pablo A. Navarro**

2/7/00

561-732-4424

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #