

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 10, 2002 8:00 am
Secretary of State

02-10-2002 90004 022 ****61.25

DOCUMENT # 701530

1. Entity Name

REGIONAL SEMINARY OF ST. VINCENT DE PAUL IN FLORIDA, INCORPORATED

Principal Place of Business

Mailing Address

**10701 S. MILITARY TRAIL
BOYNTON BEACH FL 33436****10701 S. MILITARY TRAIL
BOYNTON BEACH FL 33436**

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

**BOSSO, STEPHEN C.
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: FEE IS \$61.259. 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Delete
NAME	BOSSO, STEPHEN C	
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		

TITLE	ST	<input type="checkbox"/> Delete
NAME	HEUBERGER, MARK T	
STREET ADDRESS	10701 S. MILITARY TRAIL	
CITY-ST-ZIP	BOYNTON BCH. FL 33436	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Heuberger, Mark L.	
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CD	<input type="checkbox"/> Delete
NAME	DORSEY, NORBERT	
STREET ADDRESS	421 E ROBINSON ST	
CITY-ST-ZIP	ORLANDO FL 32801	

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

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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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:**Stephen C. Bosso****Stephen C. Bosso****1/17/02****561-732-4424**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)