

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90226 050 \*\*\*\*61.25

**DOCUMENT # 703025**

1. Entity Name

**ST. JOHN VIANNEY COLLEGE SEMINARY, INC.**

Principal Place of Business

Mailing Address

**2900 SW 87 AVE  
 MIAMI FL 33165**

**2900 SW 87 AVE  
 MIAMI FL 33165**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-0936099**

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

**NOONAN, REV JOHN  
 2900 SW 87TH AVE  
 MIAMI FL 33165**

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 \$61.25**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
CT	FAVALORA, JOHN C REV 9401 BISCAYNE BOULEVARD MIAMI FL 33138		
PD	NOONAN, JOHN REV 2900 SW 87TH AVE MIAMI FL		
T	ROMAN, AGUSTIN REV 9401 BISCAYNE BLVD. MIAMI FL 33138		
T	FERNANDEZ, GILBERTO REV 9401 BISCAYNE BLVD. MIAMI SHORE FL 33138		
S	WENSKI, REV THOMAS 9401 BISCAYNE BLVD MIAMI FL		
T	NEVINS, JOHN J REV 1000 PINEBROOK ROAD VENICE FL 34292		

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: \_\_\_\_\_

**SIGNATURE JOHN NOONAN President**

**1/8/2001**

**305-223-4561 Ext 10**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)