

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 708309

1. Entity Name

CHURCH OF SAINT BERNARD DE CLAIRVAUX, INC.

Principal Place of Business

16711 W DIXIE HIGHWAY  
NORTH MIAMI BEACH FL 33160

Mailing Address

16711 W DIXIE HIGHWAY  
NORTH MIAMI BEACH FL 33160-3714

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

59-6165566

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WILSON, JOHN M  
5215 NE 6TH AVENUE #4A  
FT LAUDERDALE FL 33334

7. Name and Address of New Registered Agent

Name

The Reverend Dr. Ronald N. Fox

Street Address (P.O. Box Number is Not Acceptable)

16711 West Dixie Highway

City

North Miami Beach

FL

Zip Code  
33160

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

*The Rev. Dr. Ronald N. Fox, Rector*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*2-7-00*

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

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LONG, MARGARET	
STREET ADDRESS	1780 NE 137 TERRACE	
CITY-ST-ZIP	N MIAMI FL 33181	
TITLE	D	<input type="checkbox"/> Delete
NAME	STURROCK-CLARK, PENNY	
STREET ADDRESS	20507 NW 15TH AVE	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WILSON, JOHN M	
STREET ADDRESS	5212 NE 6TH AVENUE #4A	
CITY-ST-ZIP	N. MIAMI BEACH FL 33334	
TITLE	RCD	<input type="checkbox"/> Delete
NAME	FOX, RONALD	
STREET ADDRESS	3464 OAK AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Secretary of Vestry	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James Carney	
STREET ADDRESS	871 N.E. 195th Street, North Miami Beach	
CITY-ST-ZIP	Florida 33179	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		

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 Required*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Feb 11, 2000 8:00 am  
Secretary of State

02-11-2000 90030 006 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE