

2001 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**

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

7. Name and Address of New Registered Agent

**FOX, RONALD N REV DR.
16711 W DIXIE HWY
MIAMI FL 33160**

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**

TITLE	SV	<input type="checkbox"/> Delete
NAME	CARNEY, JAMES	
STREET ADDRESS	871 NE 195TH STREET	
CITY-ST-ZIP	MIAMI FL 33179	

TITLE	D	<input type="checkbox"/> Delete
NAME	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 8TH 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		<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		

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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 #

5/4

FILED
Jun 06, 2001 8:00 am
Secretary of State

05-04-2001 90092 006 ****61.25

48140



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)