

2002 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

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 SV
NAME CARNEY, JAMES ☒ Delete
STREET ADDRESS 871 NE 195TH STREET
CITY-ST-ZIP MIAMI FL 33179

TITLE ~~SV~~ D ☐ Change ☒ Addition
NAME MACHILLE SEYMOUR
STREET ADDRESS 2255 NE 173 ST.
CITY-ST-ZIP N. MIAMI BEACH, FL 33160

TITLE D ☒ Delete
NAME CLARK, PENNY
STREET ADDRESS 20507 NW 15TH AVE
CITY-ST-ZIP MIAMI FL 33169

TITLE ~~SV~~ D ☐ Change ☒ Addition
NAME DR. JANIE GREENLEAF
STREET ADDRESS 3440 NE 192nd St. Apt. B 2M
CITY-ST-ZIP AVENTURA, FL 33180

TITLE PD ☒ Delete
NAME WILSON, JOHN M
STREET ADDRESS 5212 NE 6TH AVENUE #4A
CITY-ST-ZIP N. MIAMI BEACH FL 33334

TITLE ~~SV~~ D ☐ Change ☒ Addition
NAME ALONZO CULMER
STREET ADDRESS 1341 NW 190 ST.
CITY-ST-ZIP MIAMI, FL 33169

TITLE RCD ☐ Delete
NAME FOX, RONALD
STREET ADDRESS 3484 OAK AVE
CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

J. KENNEDY

8/1/02

305-945-1461

Daytime Phone #

CR2E037 (4/02)