

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90099 017 ****61.25

DOCUMENT # 708865

1. Entity Name

SAINT LEO UNIVERSITY, INCORPORATED

Principal Place of Business

Mailing Address

SAINT LEO COLLEGE
 HIGHWAY 52
 ST. LEO FL 33574

SAINT LEO COLLEGE
 HIGHWAY 52
 ST. LEO FL 33574



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
SAINT LEO UNIVERSITY

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1237047

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

KIRK, DR ARTHUR F
HWY 52
SAINT LEO FL 33574

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:
FEES 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

TITLE Delete
 NAME **D**
 STREET ADDRESS **BLUM, CONSTANCE**
 CITY-ST-ZIP **164 DORY LANE**
OSPREY FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **BROWN, DONALD L MD**
 CITY-ST-ZIP **798 TROON TRAILAD**
WORTHINGTON OH 43085

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **BUCKNER, ROBERT A**
 CITY-ST-ZIP **11 N MAIN ST**
BROOKSVILLE FL 34601

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD**
 STREET ADDRESS **GARGIULO, JEFFREY D**
 CITY-ST-ZIP **1442 GALLEON DR**
NAPLES FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **DEMPSEY, THOMAS L**
 CITY-ST-ZIP **5327 COBBLESTONE COURT**
WESLEY CHAPEL FL 33543

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **CABOT, ROBERT J**
 CITY-ST-ZIP **13540 TENTH ST**
DADE CITY FL 33525

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 *Arthur F. Kirk, Jr.* **RE REQUIRED** *Arthur F. Kirk, Jr. - 4/19/00 352-588-8042*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)