

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



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

SAINT LEO COLLEGE
 HIGHWAY 52
 ST. LEO FL 33574

SAINT LEO COLLEGE
 HIGHWAY 52
 ST. LEO FL 33574

2. Principal Place of Business

SAINT LEO UNIVERSITY

3. Mailing Address

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	D	<input type="checkbox"/> Delete
NAME	BLUM, CONSTANCE	
STREET ADDRESS	164 DORY LANE	
CITY-ST-ZIP	OSPREY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, DONALD L MD	
STREET ADDRESS	798 TROON TRAILAD	
CITY-ST-ZIP	WORTHINGTON OH 43085	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUCKNER, ROBERT A	
STREET ADDRESS	11 N MAIN ST	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GARGIULO, JEFFREY D	
STREET ADDRESS	1442 GALLEON DR	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEMPSEY, THOMAS L	
STREET ADDRESS	5327 COBBLESTONE COURT	
CITY-ST-ZIP	WESLEY CHAPEL FL 33543	
TITLE	D	<input type="checkbox"/> Delete
NAME	CABOT, ROBERT J	
STREET ADDRESS	13540 TENTH ST	
CITY-ST-ZIP	DADE CITY FL 33525	

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	
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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 *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)