

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 708865

1. Entity Name

SAINT LEO UNIVERSITY INCORPORATED

Principal Place of Business

SAINT LEO UNIVERSITY  
HIGHWAY 52  
ST. LEO FL 33574

Mailing Address

SAINT LEO COLLEGE  
HIGHWAY 52  
ST. LEO FL 33574

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

59-1237047

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

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: FEE IS \$61.25  
After September 12, 2001, 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 D  
NAME BLUM, CONSTANCE  
STREET ADDRESS 164 DORY LANE  
CITY-ST-ZIP OSPREY FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

*Frank Meszianini* VP.

7-11-01 352-588-8215

FILED  
Jul 18, 2001 8:00 am  
Secretary of State

07-18-2001 90260 035 \*\*\*\*61.25

UUUJ0J10



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)