

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90057 044 ****61.25

DOCUMENT # 708865

1. Entity Name

SAINT LEO UNIVERSITY INCORPORATED

Principal Place of Business

Mailing Address

**SAINT LEO UNIVERSITY
 HIGHWAY 52
 ST. LEO FL 33574**

**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

[Handwritten Signature]

1/16/02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BLUM, CONSTANCE	
STREET ADDRESS	184 DORY LANE	
CITY-ST-ZIP	OSPREY FL	
TITLE	D	<input checked="" 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 34801	
TITLE	VD	<input checked="" 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	TREASURER -	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANKMEZZANINI	
STREET ADDRESS	SAINT LEO UNIVERSITY, INC	
CITY-ST-ZIP	PO BOX 6665 SAINT LEO FL 33574	
TITLE	CHAIRMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLEN GREENFELDER	
STREET ADDRESS	14217 THIRD ST.	
CITY-ST-ZIP	DADE CITY, FL 33523	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SR. MARY CLARE Newhofer	
STREET ADDRESS	HOLY NAME MONASTERY	
CITY-ST-ZIP	PO BOX 2450 ST. LEO, FL 33574	
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		

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:

[Handwritten Signature] **FRANKMEZZANINI**

1-18-02 353-588-8215

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)