

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 708865

1. Entity Name

SAINT LEO UNIVERSITY INCORPORATED

FILED

Feb 25, 2002 8:00 am  
Secretary of State

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

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

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BLUM, CONSTANCE  
184 DORY LANE  
OSPREY FL ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BUCKNER, ROBERT A  
11 N MAIN ST  
BROOKSVILLE FL 34801 ☐ Delete

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TREASURER -  
FRANKMEZZANINI  
SAINT LEO UNIVERSITY, INC  
PO BOX 6665  
SAINT LEO FL 33574 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CHAIRMAN  
GLEN GREENFELDER  
14217 THIRD ST.  
DADE CITY, FL 33523 ☐ Change ☒ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SECRETARY  
SR. MARY CLARE Newhofer  
Holy Name MONASTERY  
PO BOX 2450  
ST. LEO, FL 33574 ☐ Change ☒ Addition

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)