

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90280 033 \*\*\*\*61.25

**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

Suite, Apt. #, etc.  
**33701 SR 52**

City & State

Zip

Country

3. Mailing Address

**SAINT LEO UNIVERSITY**

Suite, Apt. #, etc.  
**PO Box 6665**

City & State  
**ST. LEO, FL**

Zip  
**33574**

Country



CHECK HERE IF MAKING CHANGES

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

**KIRK, DR ARTHUR F  
HWY 52  
SAINT LEO FL 33574**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Arthur F. Kirk, Jr*, **Arthur F. Kirk, Jr President 1/7/03**  
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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>MEZZANINI, FRANK</b>	
STREET ADDRESS	<b>ST LEO UNIV INC-P O BOX 6665</b>	
CITY-ST-ZIP	<b>SAINT LEO FL 33574</b>	
TITLE	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>GREENFELDER, GLEN</b>	
STREET ADDRESS	<b>14217 THIRD STREET</b>	
CITY-ST-ZIP	<b>DADE CITY FL 33523</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BUCKNER, ROBERT A</b>	
STREET ADDRESS	<b>11 N MAIN ST</b>	
CITY-ST-ZIP	<b>BROOKSVILLE FL 34601</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>NEWHOFE, MARY CLARE</b>	
STREET ADDRESS	<b>HOLY NAME MONASTERY - POB 2450</b>	
CITY-ST-ZIP	<b>ST LEO FL 33574</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DEMPSEY, THOMAS L</b>	
STREET ADDRESS	<b>5327 COBBLESTONE COURT</b>	
CITY-ST-ZIP	<b>WESLEY CHAPEL FL 33543</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CABOT, ROBERT J</b>	
STREET ADDRESS	<b>13540 TENTH ST</b>	
CITY-ST-ZIP	<b>DADE CITY FL 33525</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NEWHOFE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BUCKRIDGE, THOMAS</b>	
STREET ADDRESS	<b>3800 GIBBONS CT, FORT</b>	
CITY-ST-ZIP	<b>TAMPA, FL 33601</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>McDEVITT, SHEILA</b>	
STREET ADDRESS	<b>702 W. FRANKLIN ST.</b>	
CITY-ST-ZIP	<b>TAMPA, FL 33601</b>	

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* **Arthur F. Kirk, Jr President 1/7/03**

CR2E037 (10/02)