

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 709311

1. Entity Name

THE PARTICULAR COUNCIL OF SAINT VINCENT DE PAUL

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90314 045 ****61.25

0017175

Principal Place of Business

2200 W. DE SOTO ST
PENSACOLA FL 32505
US

Mailing Address

P.O. BOX 30433
PENSACOLA FL 32503-1433
US

00039906



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2374931

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCDONALD, BRUCE A
4300 BAYOU BLVD
SUITE 13
PENSACOLA FL 32503

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

Gregory V. Peterson

(NOTE: Registered Agent signature required when reinstating)

1-26-01

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PETERSON, GREGORY
STREET ADDRESS 9480 NORTH POINT BLVD.
CITY-ST-ZIP PENSACOLA FL 32514 ☐ DeleteTITLE VD
NAME MCDONALD, BRUCE
STREET ADDRESS 4300 BAYOU BLVD.
CITY-ST-ZIP PENSACOLA FL 32503 ☐ DeleteTITLE TD
NAME ~~ROGERS, OLIND~~
STREET ADDRESS 742 UNDERWOOD AVENUE, #7025
CITY-ST-ZIP PENSACOLA FL 32504 ☐ DeleteTITLE SD
NAME BROWN, CAROLYN
STREET ADDRESS 400 WINTON AVENUE
CITY-ST-ZIP PENSACOLA FL 32507 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE TD
NAME BLAKE, CHRIS
STREET ADDRESS 6090 Schofield Dr.
CITY-ST-ZIP PENSACOLA, FL 32506 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
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 #

1-26-01 850 476-5035

CR2E037 (10/00)