

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 711144**

1. Entity Name

THE PROVINCE OF ST. JOSEPH OF THE FRANCISCAN SIS**FILED**
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90113 020 ****61.25

Principal Place of Business

Mailing Address

631 11TH ST NORTH
ST PETERSBURG FL 33705
US631 11TH ST NORTH
ST PETERSBURG FL 33705-1409
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1112618

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SHARKEY, SISTER G
631 11TH STREET NORTH
ST PETERSBURG FL 33705

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:
SEE IS \$61.259. 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	PD	<input type="checkbox"/> Delete
NAME	KIMMINS, SISTER M MARY	
STREET ADDRESS	ST ELIZABETH MOTHERHOUSE	
CITY-ST-ZIP	ALLEGANY NY	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	WEIDENBORNER, SISTER M	
STREET ADDRESS	ST ELIZABETH MOTHERHOUSE	
CITY-ST-ZIP	ALLEGANY NY	
TITLE	MD	<input type="checkbox"/> Delete
NAME	SHARKEY, SISTER G	
STREET ADDRESS	631 11TH STREET NORTH	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	O'BRIEN, SISTER D	
STREET ADDRESS	ST. ELIZABETH MOTHERHOUSE	
CITY-ST-ZIP	ALLEGANY NY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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		
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CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/99)

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: *Sister Sharkey* **SIGNATURE REQUIRED** **SHARKEY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/00 727-824-0857