

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711218

1. Entity Name

ACADEMY OF THE HOLY NAMES OF FLORIDA, INC.

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

05-22-2000 90004 031 \*\*\*\*61.25

Principal Place of Business <b>3319 BAYSHORE BLVD. TAMPA FL 33629</b>	Mailing Address <b>3319 BAYSHORE BLVD. TAMPA FLA 33629-8801</b>
--	--



DO NOT WRITE IN THIS SPACE

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 <b>59-0910354</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

**RUCKDESCHEL, MAUREEN  
 2506 MYSTIC POINT WAY  
 TAMPA FL 33611**

7. Name and Address of New Registered Agent

Name: **Momm, Sister Rose Christina**  
 Street Address (P.O. Box Number is Not Acceptable): **4406 Hardenoak Trail**  
 City: **Lakeland** FL Zip Code: **33813**

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 Sister Rose Christina Momm Sister Rose Christina Momm, Vice-President 4/29/00  
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

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	RUCKDESCHEL, MAUREEN	
STREET ADDRESS	2506 MYSTIC POINT WAY	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	ROBBINS, R. JAMES JR	
STREET ADDRESS	101 E KENNEDY BLVD, SUITE 3700	
CITY-ST-ZIP	TAMPA FL 33601	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MOMM, SISTER ROSE CH	
STREET ADDRESS	4406 HARDENOAK TRL	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	DV	<input type="checkbox"/> Delete
NAME	GIUNTA, EDWARD F	
STREET ADDRESS	324 S HYDE PARK AVE, SUITE 215	
CITY-ST-ZIP	TAMPA FL 33601	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Giunta, Edward F.	
STREET ADDRESS	2701 W. Busch Blvd., Suite 118	
CITY-ST-ZIP	Tampa, FL 33618	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Momm, Sister Rose Christina	
STREET ADDRESS	4406 Hardenoak Trail	
CITY-ST-ZIP	Lakeland, FL 33813	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Christopher, Brian	
STREET ADDRESS	3324 S. MacDill Avenue	
CITY-ST-ZIP	Tampa, FL 33629	
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kluft, Gerald M.	
STREET ADDRESS	5208 E. Fowler Ave., Suite F	
CITY-ST-ZIP	Tampa, FL 33617	
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: Sister Rose Christina Momm Sister Rose Christina Momm 4/29/00 (941) 665-4188  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)