

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

0041207

05-27-2002 90262 024 ****61.25

DOCUMENT # 711218

1. Entity Name

ACADEMY OF THE HOLY NAMES OF FLORIDA, INC.

Principal Place of Business

Mailing Address

**3319 BAYSHORE BLVD.
 TAMPA FL 33629**

**3319 BAYSHORE BLVD.
 TAMPA FL 33629**

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

59-0910354

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHRISTINA, SISTER ROSE
 4406 HARDENOK TRAIL
 LAKELAND FL 33813**

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 Delete
 NAME **DS**
MOMM, SISTER ROSE CH
 STREET ADDRESS **4406 HARDENOK TRL**
 CITY-ST-ZIP **LAKELAND FL 33813**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DP**
GIUNTA, EDWARD F
 STREET ADDRESS **324 S HYDE PARK AVE, SUITE 215**
 CITY-ST-ZIP **TAMPA FL 33601**

TITLE Change Addition
 NAME **DV**
Barbas, Steve
 STREET ADDRESS **1802 Cleveland St.**
 CITY-ST-ZIP **Tampa, FL 33606**

TITLE Delete
 NAME **DV**
CHRISTOPHER, BRIAN
 STREET ADDRESS **3324 S MACDILL AVENUE**
 CITY-ST-ZIP **TAMPA FL 33629**

TITLE Change Addition
 NAME **DP**
Christopher, Brian

TITLE Delete
 NAME **DT**
KLUFT, GERALD M
 STREET ADDRESS **5208 E FOWLER AVE, SUITE F**
 CITY-ST-ZIP **TAMPA FL 33617**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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 life empowered.

SIGNATURE:

[Signature]
Brian H. Christopher

4/24/02 (813) 902-1600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/01)