

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90129 025 \*\*\*\*70.00

**DOCUMENT # 711656**

1. Entity Name  
**SISTERS OF ST. JOSEPH, INC.**

Principal Place of Business <b>241 ST GEORGE STREET          PO BOX 3506          ST AUGUSTINE FL 32085</b>	Mailing Address <b>241 ST GEORGE STREET          PO BOX 3506          ST AUGUSTINE FL 32085-3506</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-6016039</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**BURLESON, CHRISTOPHER MARIE, SISTER  
 241 ST GEORGE STREET  
 ST AUGUSTINE FL 32084**

7. Name and Address of New Registered Agent  
 Name: **Sister Grace Marie Parker**  
 Street Address (P.O. Box Number is Not Acceptable): **241 St. George St.**  
 City: **St. Augustine FL** Zip Code: **32084**

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 Grace Marie Parker* DATE: **1-7-00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T BURLESON, CHRISTOPHER M 241 ST GEORGE ST ST AUGUSTINE, FL 00000</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD KUHN, ANN S 241 ST. GEORGE ST. ST. AUGUSTINE FL 32084</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PC BRYAN, FLORENCE SISTER 241 ST. GEORGE ST. ST. AUGUSTINE FL 32084</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S PAYETTE, LYN S 241 ST. GEORGE ST. ST. AUGUSTINE FL 32084</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D STOECKER, JANE SISTER 181 N.W. 74 ST. MIAMI FL 33150</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MCGOLDRICK, THOMAS J 2323 FORREST CREST CIRCLE LUTZ FL 33549</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T Parker, Grace Marie 241 St. George St. St. Augustine, FL 32084</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *S. Lyn Payette* **SIGNATURE REQUIRED** **Lyn Payette** DATE: **January 7, 2000** (904) 824-1752  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/99)