

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90113 009 \*\*\*\*61.25

**DOCUMENT # 711762**

1. Entity Name

**THE ACADEMY OF THE HOLY NAMES FOUNDATION, INC.**

Principal Place of Business

**3319 BAYSHORE BOULEVARD  
TAMPA FL 33629**

Mailing Address

**3319 BAYSHORE BOULEVARD  
TAMPA FL 33629**

**848689**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-6180118**

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

**MARCOTTE, DENNIS  
3215 SAN MARCOTTE  
TAMPA FL 33629**

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 **P** ☒ Delete  
NAME **HURLEY, RICHARD**  
STREET ADDRESS **4914 LY FORD CAY RD.**  
CITY-ST-ZIP **TAMPA FL 33629**

TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME **STEPHEN COOPER**  
STREET ADDRESS **2909 BAY VIEW AV**  
CITY-ST-ZIP **TAMPA, FL 33611**

TITLE **D** ☐ Delete  
NAME **CISNEROS, FRANK**  
STREET ADDRESS **4918 LYFORD CAY RD**  
CITY-ST-ZIP **TAMPA FL**

TITLE **P** ☒ Change ☐ Addition  
NAME **HURLEY, Richard K.**  
STREET ADDRESS **5001 P. L. GRIMS PATHWAY**  
CITY-ST-ZIP **TAMPA, FL 33611**

TITLE **VP** ☒ Delete  
NAME **HURLEY, RICHARD**  
STREET ADDRESS **4914 LYFORD CAY RD**  
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **O'CONNOR, MYLES**  
STREET ADDRESS **4920 ANDROS DR.**  
CITY-ST-ZIP **TAMPA FL 33629**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☐ Delete  
NAME **MARCOTTE, DENNIS**  
STREET ADDRESS **3215 SAN NICHOLAS ST.**  
CITY-ST-ZIP **TAMPA FL 33629**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **ROBERT JOYCE**  
STREET ADDRESS **101 E KENNEDY BLVD STE 3875**  
CITY-ST-ZIP **TAMPA FL**

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 like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**DENNIS R. MARCOTTE 4-22-02**

CR2E037 (9/01)