

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 07, 2000 8:00 am  
Secretary of State

02-07-2000 90064 018 \*\*\*\*70.00

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1. Entity Name

CATHOLIC CHARITIES, DIOCESE OF ST. PETERSBURG, I

Principal Place of Business

Mailing Address

6533 9TH AVE N  
ST PETERSBURG FL 33710

6533 9TH AVE N  
ST PETERSBURG FL 33710-6215

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

59-0875805

Applied For

Not Applied For

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

DIVITO, JOSEPH  
4514 CENTRAL AVENUE  
ST PETERSBURG FL 33711

Name

JOSEPH A. DIVITO

Street Address (P.O. Box Number is Not Acceptable)

Dr Vito & Hegham P.A.

4514 CENTRAL

City

ST. PETERSBURG

FL

Zip Code

33711

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 PD  
NAME FORBES, JEFFORY  
STREET ADDRESS 611-66TH AVENUE SOUTH  
CITY-ST-ZIP ST. PETERSBURG FL ☐ Delete

TITLE VCD  
NAME MULDOON, BRENDAN  
STREET ADDRESS 6363 9TH AVENUE, NORTH  
CITY-ST-ZIP ST. PETERSBURG FL ☐ Delete

TITLE VD  
NAME FITZGERALD, CHRISTOPHER  
STREET ADDRESS 6533-9TH AVE. NO, STE. 1E  
CITY-ST-ZIP ST. PETERSBURG FL ☐ Delete

TITLE SD  
NAME ETTER, DR MARY JEAN  
STREET ADDRESS 7024 HIBISCUS AVE S  
CITY-ST-ZIP ST PETERSBURG FL 33707 ☒ Delete

TITLE DT  
NAME DUFEK, JOHN  
STREET ADDRESS 12680 FRANK DR S  
CITY-ST-ZIP SEMINOLE FL 33776 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

TITLE  
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CITY-ST-ZIP ☐ Change ☐

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CITY-ST-ZIP ☐ Change ☐

TITLE DTS  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐

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

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED FORBES

01/13/00

(727) 893-1314

Date

Daytime Phone #