

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

0041673

DOCUMENT # 714807

1. Entity Name

CATHOLIC CHARITIES, DIOCESE OF ST. PETERSBURG, INC.

Principal Place of Business

Mailing Address

**1213 16TH STREET NORTH
 ST PETERSBURG FL 33705**

**1213 16TH STREET NORTH
 ST PETERSBURG FL 33705**

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 Applicable

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

**INVITO, JOSEPH
 4514 CENTRAL AVENUE
 ST PETERSBURG FL 33711**

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: **PD** ☐ Delete
 NAME: **FORBES, JEFFORY**
 STREET ADDRESS: **6533 9TH AVENUE NO.**
 CITY-ST-ZIP: **SAINT-PETERSBURG-FL-33710**

TITLE: **PD** ☒ Change ☐ Addition
 NAME: **Forbes, Jeffory**
 STREET ADDRESS: **1213 16th Street North**
 CITY-ST-ZIP: **St. Petersburg, FL 33705**

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

TITLE: **VCD** ☒ Change ☐ Addition
 NAME: **Muldoon, Brendan**
 STREET ADDRESS: **1213 16th Street North**
 CITY-ST-ZIP: **St. Petersburg, FL 33705**

TITLE: **VD** ☐ Delete
 NAME: **FITZGERALD, CHRISTOPHER**
 STREET ADDRESS: **6533-9TH AVE. NO, STE. 1E**
 CITY-ST-ZIP: **SAINT PETERSBURG FL 33710**

TITLE: **VD** ☒ Change ☐ Addition
 NAME: **Fitzgerald, Christopher**
 STREET ADDRESS: **1213 16th Street North**
 CITY-ST-ZIP: **St. Petersburg, FL 33705**

TITLE: **VD** ☐ Delete
 NAME: **DUFKE, JOHN**
 STREET ADDRESS: **6533 9TH AVENUE NO.**
 CITY-ST-ZIP: **SAINT PETERSBURG FL 33710**

TITLE: **VD** ☒ Change ☐ Addition
 NAME: **Dufek, John**
 STREET ADDRESS: **1213 16th Street North**
 CITY-ST-ZIP: **St. Petersburg, FL 33705**

TITLE: **TD** ☐ Delete
 NAME: **TOMLIN, JOHN**
 STREET ADDRESS: **6533 9TH AVENUE NO.**
 CITY-ST-ZIP: **SAINT PETERSBURG FL 33710**

TITLE: **TD** ☒ Change ☐ Addition
 NAME: **Tomlin, John**
 STREET ADDRESS: **1213 16th Street North**
 CITY-ST-ZIP: **St. Petersburg, FL 33705**

TITLE: **SD** ☐ Delete
 NAME: **RANKIR, JANE**
 STREET ADDRESS: **6533 9TH AVENUE NO.**
 CITY-ST-ZIP: **SAINT-PETERSBURG-FL-33710**

TITLE: **SD** ☒ Change ☐ Addition
 NAME: **Rankie, Jane**
 STREET ADDRESS: **1213 16th Street North**
 CITY-ST-ZIP: **St. Petersburg, FL 33705**

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 REQUIRED Jeffory Forbes

727-893-1313

CR2E037 (9/01)