

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

01-19-2000 90175 043 \*\*\*\*61.25

**DOCUMENT # 717717**

1. Entity Name

**DIOCESE OF SOUTHWEST FLORIDA INCORPORATED**

Principal Place of Business

Mailing Address

8411 25TH ST E  
 PARRISH FL 34219  
 US

PO BOX 763  
 ELLENTON FL 34222-0763  
 US

**603108**



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

**59-1282026**

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

**SCHATZBERG, GLENN E.**  
**8411 25TH ST E**  
**PARRISH FL 34219**

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 **VD**  Delete  
 NAME **HOOPER, LARRY D**  
 STREET ADDRESS **9151 ROCKROSE DR**  
 CITY-ST-ZIP **TAMPA FL**

TITLE **VP**  Change  Addition  
 NAME **RICHARD H. COBBIS**  
 STREET ADDRESS **3552 RITA LANE**  
 CITY-ST-ZIP **ST JAMES CITY, FL 33956**

TITLE **D**  Delete  
 NAME **DAGE, RAYMOND E**  
 STREET ADDRESS **5410 CHARLES ST**  
 CITY-ST-ZIP **NEW PORT RICHEY FL 34652-3901**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **ADLER, JOHN S**  
 STREET ADDRESS **5910 14TH AVE. N.W.**  
 CITY-ST-ZIP **NAPLES FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **T**  Delete  
 NAME **SCHATZBERG, GLENN E.**  
 STREET ADDRESS **6924 GREENHILL PLACE**  
 CITY-ST-ZIP **TAMPA FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **ROBINSON, FREDRICK A**  
 STREET ADDRESS **1525 GULFVIEW**  
 CITY-ST-ZIP **SARASOTA FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **PD**  Delete  
 NAME **LIPSCOMB, JOHN B**  
 STREET ADDRESS **3902 71ST STREET EAST**  
 CITY-ST-ZIP **PALMETTO 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 another like empowered.

SIGNATURE:

*Glenn E. Schatzberg*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/2000 94-776-1018  
 Date Daytime Phone #

CR2E037 (9/99)