

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 727176

1. Entity Name

SAN ANTONIO BOYS VILLAGE, INC.

Principal Place of Business

BOYS VILLAGE DRIVE  
P. O. BOX 505  
SAN ANTONIO FL 33576

Mailing Address

BOYS VILLAGE DRIVE  
P. O. BOX 505  
SAN ANTONIO FL 33576-0505

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

59-1473991

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BEAUMONT, ROBERT "BOB"  
NORTH CURLEY STREET  
SAN ANTONIO FL 33576

7. Name and Address of New Registered Agent

Name  
ALFRED "AL" CAPODIFERRO, M.S., EX. DIRECTOR  
Street Address (P.O. Box Number is Not Acceptable)  
36119 CLINTON AVE.  
DADE CITY, FLORIDA 33525  
City  
DADE CITY FL Zip Code  
33525

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 ALFRED "AL" CAPODIFERRO, M.S., EXECUTIVE DIRECTOR *Alfred Capodiferro* 1-10-00  
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 CLARK, TOM  
STREET ADDRESS 12061 TIMBER RUN  
CITY-ST-ZIP DADE CITY FL

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

TITLE D ☐ Delete  
NAME BRONER, WILLIE  
STREET ADDRESS 36850 STATE RD. 52  
CITY-ST-ZIP DADE CITY FL

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

TITLE D ☐ Delete  
NAME SCHRADER, TOM  
STREET ADDRESS 12744 CURLEY RD  
CITY-ST-ZIP SAN ANTONIO FL 33576

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

TITLE P ☐ Delete  
NAME STURWOLD, EARL  
STREET ADDRESS 37837 E. MERIDIAN, SUITE 311  
CITY-ST-ZIP DADE CITY FL 33525

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

TITLE TSD ☐ Delete  
NAME POWERS, ALLAN  
STREET ADDRESS 12430 CURLEY RD  
CITY-ST-ZIP SAN ANTONIO FL 33576

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

TITLE D ☐ Delete  
NAME SUSTMAN, FRED  
STREET ADDRESS 5112 BEACON RD  
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 all other like empowered.

SIGNATURE:

*Alfred Capodiferro*  
ALFRED CAPODIFERRO, SECRETARY/TREASURER, BOARD OF DIRECTOR

1-12-00 (352) 588 2968

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE