

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2002 8:00 am**  
**Secretary of State**

0078144

**DOCUMENT # 727176**

1. Entity Name

**SAN ANTONIO BOYS VILLAGE, INC.**

01-31-2002 90013 043 \*\*\*\*70.00

Principal Place of Business

Mailing Address

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

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

00011100

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1473991**

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

**CAPODIFERRO, ALFRED MS  
36119 CLINTON AVE  
DADE CITY FL 33525**

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

*Alfred J. Capodiferno*  
Signature, typed or printed name of registered agent and title if applicable.  
**Alfred J. Capodiferno, M.S.**

**Executive Director**

(NOTE: Registered Agent signature required when reinstating)

**1-9-02**

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 **TSD** ☐ Change ☒ Addition  
NAME **Rizzo, Jill**  
STREET ADDRESS **13138 Scharber Road**  
CITY-ST-ZIP **Dade City, FL 33525**

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

TITLE **D** ☐ Change ☒ Addition  
NAME **Cox, Steve**  
STREET ADDRESS **38301 Martin Luther King Blvd.**  
CITY-ST-ZIP **Dade City, FL 33525**

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

TITLE **D** ☐ Change ☒ Addition  
NAME **McNally, Ed**  
STREET ADDRESS **38314 Centennial Road**  
CITY-ST-ZIP **Dade City, FL 33525**

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

TITLE **D** ☐ Change ☒ Addition  
NAME **Peterson, Kyle**  
STREET ADDRESS **37837 Meridian Ave.**  
CITY-ST-ZIP **Dade City, FL 33525**

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jill Rizzo**

**1-9-02**

**(352) 521-6270**

Date

Daytime Phone #

CR2E037 (9/01)