

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 731642

1. Entity Name

ST. BERNADETTE HOME & SCHOOL ASSOCIATION, INC.

Principal Place of Business

7450 STERLING ROAD
HOLLYWOOD FL 33024

Mailing Address

7450 STERLING ROAD
HOLLYWOOD FL 33024-1513

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1292712

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VANDERWYDE LYNN S
3324 BIMINI AVE
COOPER CITY FL 33026

7. Name and Address of New Registered Agent

Name Mary Ellen Letvinchuk

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

5930 DEVON LANE

DAVIE

City DAVIE

FL

Zip Code

33331

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

TITLE PD ☐ Delete
NAME AFFLERBACH, PAT
STREET ADDRESS 4820 E ROUNDTABLE RD
CITY-ST-ZIP DAVIE FL 33331

TITLE T ☐ Delete
NAME GARCIA, WENDY
STREET ADDRESS 11805 SW 47th CR
CITY-ST-ZIP COOPER CITY FL 33330

TITLE S ☐ Delete
NAME MAFFE, MARY KAY
STREET ADDRESS 13920 MASTA 8 TRAIL
CITY-ST-ZIP FT LAUDERDALE FL 33330

TITLE VPD ☐ Delete
NAME HICKS, SUZIE
STREET ADDRESS 2584 LAKEVIEW CT
CITY-ST-ZIP COOPER CITY FL 33026

TITLE VP ☐ Delete
NAME MUNOZ, APRIL
STREET ADDRESS P.O. BOX 577
CITY-ST-ZIP DANIA FL 33004

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME munoz, APRIL
STREET ADDRESS Po Box 577
CITY-ST-ZIP Dania, FL 33004

TITLE T ☒ Change ☐ Addition
NAME LONDONO, MARIA
STREET ADDRESS 11390 NW 23rd St.
CITY-ST-ZIP Plantation, FL 33326

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

TITLE VPD ☒ Change ☐ Addition
NAME COFFEY, EILEEN
STREET ADDRESS 2920 Albatross Drive
CITY-ST-ZIP Cooper City, FL 33026

TITLE VP ☒ Change ☐ Addition
NAME PLESA, LAURIE
STREET ADDRESS 307 Egret Lane
CITY-ST-ZIP Weston, FL 33327

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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90158 047 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

1/4/00 (954)
432-7022