

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90306 050 \*\*\*\*61.25

**DOCUMENT # 731642**

1. Entity Name

**ST. BERNADETTE HOME & SCHOOL ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

7450 STERLING ROAD  
 HOLLYWOOD FL 33024

7450 STERLING ROAD  
 HOLLYWOOD FL 33024

**707951**



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

**59-1292712**

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

**LETUINCHUK, MARY E**  
**5930 DEVON LANE**  
**DAVIE FL 33331**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PD	MUNOZ, APRIL	PO BOX 577 DANIA FL 33004				
	T	LONDONO, MARIA	11390 NW 23RD ST PLANTATION FL 33326				
	S	MAFFE, MARY KAY	13920 MASTA 8 TRAIL FT LAUDERDALE FL 33330		S Robin Buccino	7031 SW 39th Ct. DAVIE, FL 33314	
	VPD	COFFEY, ELLEEN	2920 ABATROSS DR COOPER CITY FL 33026		VPD Nellie Wright	6820 SW 20th St. Pembroke Pines, FL 33028	
	VP	PLESA, LAURIE	307 EGRET LANE WESTON FL 33327		VP Laurie Plesa	201 NW 131st Ave Plantation, FL 33325	

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*

1-3-01 (954) 432-7022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2E037 (10/00)