

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 23, 2001 8:00 am**  
**Secretary of State**

0046327

**DOCUMENT # 732204**

01-23-2001 90131 013 \*\*\*\*61.25

1. Entity Name

**SOCIETY OF SAINT VINCENT DE PAUL PARTICULAR COUN**

Principal Place of Business

Mailing Address

513 WEST BROWARD BOULEVARD  
 FORT LAUDERDALE FL 33312-1743

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 FORT LAUDERDALE FL 33312-1743

607538

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**FT LAUDERDALE FL**

4. FEI Number

**59-1580430**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33304**

**USA**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEWIS DESARITZ**  
**7770 W. OAKLAND PK. BLVD.**  
**STE. 320**  
**SUNRISE FL 33317**

Name

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

**7481 W. OAKLAND PARK BLVD**  
**STE 301**

City

**SUNRISE**

**FL**

Zip Code

**33319**

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  Delete  
**PD OSBORNE, CONRAD C**  
 STREET ADDRESS **8361 N.W. 21 COURT**  
 CITY-ST-ZIP **SUNRISE FL**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
**VD WYMAN, RAY**  
 STREET ADDRESS **1719 WHITEHALL DR**  
 CITY-ST-ZIP **FT LAUDERDALE FL 33324**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
**TD KREMP, BARBARA**  
 STREET ADDRESS **5233 N.E. 1ST TERRACE**  
 CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE NAME  Change  Addition  
**TD Mrs. Edna Sharrow**  
 STREET ADDRESS **2308 N. W. 6th. Terrace**  
 CITY-ST-ZIP **Wilton Manors, FL. 33311**

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 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]* **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/4/01**

CR2E037 (10/00)