

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 15, 2001 8:00 am**  
**Secretary of State**

02-15-2001 90076 017 \*\*\*\*61.25

0035486

**DOCUMENT # 732441**  
 1. Entity Name  
**SOCIETY OF SAINT VINCENT DE PAUL DISTRICT COUNCI**

Principal Place of Business 2323 N. DIXIE HWY. POMPANO BEACH FL 33060	Mailing Address 2323 N. DIXIE HWY. POMPANO BEACH FL 33060
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DO NOT WRITE IN THIS SPACE

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 <b>59-1580460</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

6. Name and Address of Current Registered Agent  
**MCDERMOTT, MARLENE**  
**2323 NORTH DIXIE HWY**  
**POMPANO BEACH FL 33060**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:**  
**SEE 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		<input type="checkbox"/> Delete
TITLE NAME	PD SCHWEITZER, FREDERICK A	<input type="checkbox"/>
STREET ADDRESS	1700 NW 65 AVENUE	
CITY-ST-ZIP	MARGATE FL	
TITLE NAME	VD BUEHLER, JOE	<input type="checkbox"/>
STREET ADDRESS	9900 NW 38TH ST	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE NAME	TD MCDERMOTT, MARLENE	<input type="checkbox"/>
STREET ADDRESS	1058 WEST RIVER DRIVE	
CITY-ST-ZIP	MARGATE FL	
TITLE NAME	SD MURRAY, LORRAINE	<input type="checkbox"/>
STREET ADDRESS	5341 NW 30 COURT	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
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: Marlene McDermott **MARLENE MCDERMOTT** 2-12-01 954-942-2242  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)