

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 90022 036 \*\*\*\*61.25

**DOCUMENT # 735712**

1. Entity Name

**ST. FRANCIS RESIDENCE, INC.**

Principal Place of Business

19329 US HWY 19 N  
 SUITE 100  
 CLEARWATER FL 33765  
 US

Mailing Address

19329 US HWY 19 N  
 SUITE 100  
 CLEARWATER FL 33765  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1631325**

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

**OLVERA LIGHTER, JOANNE**  
**19329 US HWY 19 NORTH**  
**SUITE 100**  
**CLEARWATER FL 33764**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>LIGHTER, JOANNE O</b><br><b>19329 US HWY 19 N, STE 100</b><br><b>CLEARWATER FL 33764</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>ST</b><br><b>GALATRO, ANN</b><br><b>19329 US HWY 19 N, STE 100</b><br><b>CLEARWATER FL 33764</b>     | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>GMT</b><br><b>KIMMINS, MARGARET M</b><br><b>115 EAST MAIN STREET</b><br><b>ALLEGANY NY 14706</b>     | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T</b><br><b>JORGE, GROSS</b><br><b>200 S. BISCAYNE BLVD, SUITE 700</b><br><b>MIAMI FL 33131</b>      | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T</b><br><b>CARDET, LUCY</b><br><b>138 NE 111TH STREET</b><br><b>MIAMI SHORES FL 33161</b>           | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T</b><br><b>CARTER, JOAN M</b><br><b>14517 BRUCE B DOWNS, STE 101</b><br><b>TAMPA FL 33613</b>       | <input type="checkbox"/> Delete |

|                                                |                                                                                                    |                                                                              |
|------------------------------------------------|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T</b><br><b>Weidenborman, Marlene DSP</b><br><b>380 Valencia Blvd.</b><br><b>Largo FL 33770</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T</b><br><b>O'Brien, Dolores DSP</b><br><b>380 Valencia Blvd.</b><br><b>Largo FL 33770</b>      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T</b><br><b>Murman, James</b><br><b>201 East Kennedy Blvd.</b><br><b>Tampa FL 33409</b>         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T</b><br><b>Naddad, Odette DSP</b><br><b>3939 Shore Side Circle</b><br><b>Tampa FL 33624</b>    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T</b><br><b>King, Guy</b><br><b>300 West Platt</b><br><b>Tampa FL 33606</b>                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T</b><br><b>Michaud, Rudy</b><br><b>4717 Dolphin Cay #602</b><br><b>St. Petersburg FL 33711</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

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:

*Joanne Lighter* *Joanne Lighter*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/20/01*

Date

*727-507-9668*

Daytime Phone #

CR2E037 (10/00)