

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2000 8:00 am**  
**Secretary of State**

02-17-2000 90074 042 \*\*\*\*61.25

**DOCUMENT # 738941**

1. Entity Name

**THE LIBERAL CATHOLIC CHURCH OF ST. PIERRE, INC.**

Principal Place of Business

Mailing Address

**2008 PINEAPPLE AVE  
 MELBOURNE FL 32935  
 US**

**P.O. BOX 1117  
 MELBOURNE FL 32902-1117**

DUUZZOUJ



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

**59-1742030**

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

**TISCH, JOSPEH F, JR  
 4225 N HARBOR CITY BLVD  
 MELBOURNE FL 32935**

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  Delete  
 NAME **PD TISCH, JOSEPH F JR**  
 STREET ADDRESS **4225 N HARBOR CITY BLVD**  
 CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VD JENKINS, ERNEST L.**  
 STREET ADDRESS **908 E BROTHERS AVE**  
 CITY-ST-ZIP **MELBOURNE FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D FERRANTINO, DANIEL**  
 STREET ADDRESS **320 W LAKEVIEW ST #121**  
 CITY-ST-ZIP **ORLANDO FL 32804**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D GRANATIRE, MRS. CAROL**  
 STREET ADDRESS **3066 EASY TERRACE NE**  
 CITY-ST-ZIP **PALM BAY FL 32905**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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)(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 or other like empowered.

SIGNATURE:

*Joseph F. Tisch Jr.*  
**SIGNATURE REQUIRED**

**Joseph F. Tisch Jr.**

February 8, 2000 (321)254-0499

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)