

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 753868

1. Entity Name

GUILD OF CATHOLIC LAWYERS OF THE DIOCESE OF PALM

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90071 003 ****61.25

Principal Place of Business

C/O ST. EDWARDS CATHOLIC CHURCH
144 N. COUNTY ROAD
PALM BEACH FL 33408

Mailing Address

C/O ST. EDWARDS CATHOLIC CHURCH
144 N. COUNTY ROAD
PALM BEACH FL 33480-3916

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

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

CRESCENZO, RONALD E
515 NORTH FLAGLER DRIVE
SUITE 1900
WEST PALM BEACH FL 33401

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 **P** ☐ Delete
NAME **ACKERMAN, JOSEPH L**
STREET ADDRESS **515 N. FLAGLER DR #1900**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **CRESCENZO, RONALD E**
STREET ADDRESS **515 N. FLAGLER DR #1900**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **V** ☒ Change ☐ Addition
NAME **Same name**
STREET ADDRESS **& address**
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **SENDER, ROBERT B**
STREET ADDRESS **700 UNIVERSE BLVD**
CITY-ST-ZIP **JUNO BEACH FL 33408**

TITLE **S** ☒ Change ☐ Addition
NAME **Same name**
STREET ADDRESS **& address**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **FLANAGAN, JAMES**
STREET ADDRESS **1555 PALM BEACH LAKES BLVD**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **GRAHAM, ROBERT M**
STREET ADDRESS **777 SOUTH FLAGLER DRIVE, SUITE 500**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BOHN, RUSSELL S**
STREET ADDRESS **1615 FORUM PLACE**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

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 all other like empowered.

SIGNATURE:

Joseph L Ackerman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/14/2000

Date

561-832-5900

Daytime Phone #

CR2EC37 (9/99)