

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 757034

1. Entity Name

ARCHDIOCESE OF MIAMI EDUCATION ENDOWMENT FUND, I

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90007 004 \*\*\*\*61.25

Principal Place of Business 9401 BISCAYNE BLVD. MIAMI SHORES FL 33138	Mailing Address 9401 BISCAYNE BLVD. MIAMI SHORES FL 33138-2970
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-2221140</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**FITZGERALD, J. PATRICK**  
**110 MERRICK WAY-SUITE 3-B**  
**CORAL GABLES FL 33134**

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

<b>FILE NOW:</b> FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE CD	ARCHBISHOP, FAVALORA J C. <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS ST-ZIP	9401 BISCAYNE BLVD MIAMI SHRS, FL 00000	STREET ADDRESS CITY-ST-ZIP	
TITLE SD	KELLY, VINCENT T.,REV. <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS ST-ZIP	9401 BISCAYNE BLVD MIAMI SHRS, FL 00000	STREET ADDRESS CITY-ST-ZIP	
TITLE TD	GALVIN, DANIEL L. <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS ST-ZIP	9401 BISCAYNE BLVD MIAMI SHORES FL	STREET ADDRESS CITY-ST-ZIP	
TITLE PD	HEFFERNAN, WILLIAM J. <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS ST-ZIP	9401 BISCAYNE BLVD. MIAMI SHORES FL	STREET ADDRESS CITY-ST-ZIP	
TITLE VP	MARINELLO LEONARD F. <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS ST-ZIP	9401 BISCAYNE BLVD. MIAMI SHORES FL	STREET ADDRESS CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS ST-ZIP		STREET ADDRESS CITY-ST-ZIP	

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: Vincent T. Kelly, Secretary (305) 762-1080  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 2/9/2000 Daytime Phone #