

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 763822**

1. Entity Name

ST. MICHAEL'S HOUSING, INC.

Principal Place of Business

Mailing Address

2285 SR 580
CLEARWATER FL 33763-1111
US28100 US HWY 19 N
SUITE 504
CLEARWATER FL 33761-2686

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

59-2312821

Applied For

Not Applicable

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

DIVITO, JOSEPH A
4514 CENTRAL AVE
ST PETERSBURG FL 33711

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
SOROTA, JOSEPH, JR
28100 US HWY 19 N #504
CLEARWATER FL 33761-2686 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
MALINS-SMITH, CAMILLE
2303 REPUBLIC DRIVE
PALM HARBOR FL 34683 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
COOKE, COLMAN
2281 STATE RD 580
CLEARWATER FL 33763 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ASD
LARSON, SHARON N
2281 STATE RD 580
CLEARWATER FL 33763 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ATD
BAUER, SHARRON
2203 STACY CT S
PALM HARBOR FL 34683 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ATD
RIDENOUR, NANCY
2919 WICOMBE WAY
PALM HARBOR FL 34685 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

Joseph J. Sorota, Jr.
Secretary-Treasurer

3/29/2002

727-796-1557

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90075 026 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)