

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 767446

1. Entity Name

ST. MARY'S FOUNDATION OF PALM BEACH COUNTY, INC.

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90023 031 ****61.25

Principal Place of Business

19329 US HWY 19 NORTH
STE 100
CLEARWATER FL 33764
US

Mailing Address

19329 US HWY 19 NORTH
STE 100
CLEARWATER FL 33764-3102
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2363377

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

LIGHTER, JOANNE O
19329 US HWY 19 NORTH
STE. 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 P ☐ Delete
NAME LIGHTER, JOANNE O
STREET ADDRESS 19329 US HWY 19 N STE 100
CITY-ST-ZIP CLEARWATER FL 33764

TITLE ☐ Change ☒ Addition
NAME T GROSS, JORGE
STREET ADDRESS 200 S. BISCAYNE BLVD, SUITE 700
CITY-ST-ZIP MIAMI, FL 33131

TITLE ST ☐ Delete
NAME GALATRO, ANN
STREET ADDRESS 19329 US HWY 19 N STE 100
CITY-ST-ZIP CLEARWATER FL 33764

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

TITLE T ☐ Delete
NAME KING, GUY
STREET ADDRESS 101 S FRANKLIN ST STE 201
CITY-ST-ZIP TAMPA FL 33702

TITLE ☒ Change ☐ Addition
NAME T BIDDLEMAN, MARCIE
STREET ADDRESS 736 - 71st AVE NO.
CITY-ST-ZIP ST PETERSBURG, FL 33702

TITLE T ☐ Delete
NAME LYNCH, ROBERT N REV
STREET ADDRESS 6363 9TH AVE N
CITY-ST-ZIP ST PETERSBURG FL 33743

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

TITLE T ☐ Delete
NAME MURMAN, JAMES A
STREET ADDRESS 201 E KENNEDY BLVD
CITY-ST-ZIP TAMPA FL 33609

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

TITLE T ☐ Delete
NAME SHARKEY, GLADYS
STREET ADDRESS 6331 11TH ST N
CITY-ST-ZIP SAINT PETERSBURG FL 33705-1409

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:

Joanne O. Lighter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/17/00

727-507-9668

CR2E037 (9/99)