

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 767446

1. Entity Name

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

**FILED**  
**Mar 02, 2001 8:00 am**  
**Secretary of State**

03-02-2001 90563 027 \*\*\*\*\*61.25

Principal Place of Business	Mailing Address
19329 US HWY 19 NORTH STE 100 CLEARWATER FL 33764 US	19329 US HWY 19 NORTH STE 100 CLEARWATER FL 33764 US

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	Applied For
59-2363377	Not Applicable

5. Certificate of Status Desired	Additional Fee Required
<input type="checkbox"/>	\$8.75

6. Name and Address of Current Registered Agent

LIGHTER, JOANNE O  
19329 US HWY 19 NORTH  
STE. 100  
CLEARWATER FL 33764

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
-----------------------------	---	--------------------------------	--

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	LIGHTER, JOANNE O	
STREET ADDRESS	19329 US HWY 19 N STE 100	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GALATRO, ANN	
STREET ADDRESS	19329 US HWY 19 N STE 100	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	T	<input type="checkbox"/> Delete
NAME	KING, GUY	
STREET ADDRESS	101 S FRANKLIN ST STE 201	
CITY-ST-ZIP	TAMPA FL 33702	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LYNCH, ROBERT N REV	
STREET ADDRESS	6363 9TH AVE N	
CITY-ST-ZIP	ST PETERSBURG FL 33743	
TITLE	T	<input type="checkbox"/> Delete
NAME	MURMAN, JAMES A	
STREET ADDRESS	201 E KENNEDY BLVD	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SHARKEY, GLADYS	
STREET ADDRESS	6331 11TH ST N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33705-1409	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T - Bd. Chair	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kimmins, Margaret Mary OSF	
STREET ADDRESS	115 East Main St.	
CITY-ST-ZIP	Allegany NY 14706	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Weidenborn, Marlene OSF	
STREET ADDRESS	380 Valencia Blvd.	
CITY-ST-ZIP	Largo FL 33770	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'BRIEN, Dolores OSF	
STREET ADDRESS	380 Valencia Blvd.	
CITY-ST-ZIP	Largo FL 33770	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cardet, Lucy OSF	
STREET ADDRESS	138 NE 111th Street	
CITY-ST-ZIP	Miami Shores FL 33161	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CROSS, Jorge	
STREET ADDRESS	200 S. Biscayne Blvd - Ste 700	
CITY-ST-ZIP	Miami FL 33131	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nacidad, Odette OSF	
STREET ADDRESS	3939 Shoreside Circle	
CITY-ST-ZIP	Tampa FL 33624	

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 Lighter Joanne Lighter 2/20/01 727-501-9668

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)