

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770809

1. Entity Name

ALLEGANY COMMUNITY OUT REACH GRANT FUND, INC.

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

01-26-2000 90023 032 ****61.25

Principal Place of Business

19329 US HWY 19 N
STE 100
CLEARWATER FL 33764

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2410976

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 N.
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 ☐ Delete
NAME D
STREET ADDRESS FLYNN, SR MARITA
CITY-ST-ZIP ST ANTHONY COVENT/631 11TH STREET NORTH
ST PETERSBURG FL 33705

TITLE ☒ Delete
NAME T
STREET ADDRESS CHAWK, GARY
CITY-ST-ZIP 6200 COURTNEY CAMPBELL CAUSEWAY 100
TAMPA FL 33607

TITLE ☐ Delete
NAME D
STREET ADDRESS HOLLIS, SR DANA
CITY-ST-ZIP ST FRANCIS XAVIER CONVENT/2045 HEITMAN STR
FT MYERS FL 33901-3616

TITLE ☐ Delete
NAME D
STREET ADDRESS MICHAUD, RUDY
CITY-ST-ZIP 4717 DOLPHIN CAY, #602
ST PETERSBURG FL 33711

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

TITLE ☐ Delete
NAME D
STREET ADDRESS O'BRIEN, SR DOLORES
CITY-ST-ZIP FRANCISCAN SVCS OF ALLEGANY/115 E MAIN ST
ALLEGANY NY 14706

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

TITLE ☐ Change ☒ Addition
NAME P
STREET ADDRESS Lighter, Joanne
CITY-ST-ZIP 19329 US HWY 19 N - Ste 100
Clearwater FL 33764

TITLE ☐ Change ☒ Addition
NAME ST
STREET ADDRESS GALATRO, ANN
CITY-ST-ZIP 19329 US HIGHWAY 19 N, SATE 100
CLEARWATER, FL 33764

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

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

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

1/17/00

727-507-9668

Date

Daytime Phone #

CR2E037 (9/99)