

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 804161

1. Entity Name

THE CATHOLIC SOCIETY OF RELIGIOUS AND LITERARY E

Principal Place of Business

Mailing Address

500 S. JEFFERSON DAVIS PKWY
NEW ORLEANS LA 70119

500 S. JEFFERSON DAVIS PKWY
NEW ORLEANS LA 70119-7128

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

72-6017915

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

DOYLE, JOSEPH F
4701 N HIMES AVE
TAMPA FL 33614

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 **TD**
STREET ADDRESS **LUNDIN, LAWRENCE J**
CITY-ST-ZIP **500 S. JEFFERSON DAVIS PKWY**
NEW ORLEANS LA 70119-7192

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

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **RATCHFORD, ROBERT J**
CITY-ST-ZIP **6363 ST. CHARLES AVENUE**
NEW ORLEANS LA 70118

TITLE ☒ Change ☐ Addition
NAME **SD**
STREET ADDRESS **Ratchford, Robert J.**
CITY-ST-ZIP **6321 Stratford Place**
New Orleans, LA 70131

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **ARMSTRONG, JOHN F**
CITY-ST-ZIP **6363 ST. CHARLES AVENUE**
NEW ORLEANS FL 70118

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MARTIN, DONALD J**
CITY-ST-ZIP **500 S. JEFFERSON DAVIS PKWY**
NEW ORLEANS LA 70119

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

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **BRADLEY, REV JAMES P**
CITY-ST-ZIP **6363 ST CHARLES AVE**
NEW ORLEANS LA

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **REMICH, JOSEPH J**
CITY-ST-ZIP **4133 BANKS ST**
NEW ORLEANS LA

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:

SIGNATURE REQUIRED

J. LUNDIN, J. J

1/10/2000

(504)821-0334

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)