

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002734**

1. Entity Name

**SAN JOSE MISSION LTD.**

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 24 AM 10:45



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**4514 CENTRAL AVENUE  
ST. PETERSBURG FL 33711**

Mailing Address

**4514 CENTRAL AVENUE  
ST. PETERSBURG FL 33711-1041**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3482901**

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

**DIVITO, JOSEPH A ESQUIRE  
4514 CENTRAL AVENUE  
ST. PETERSBURG FL 33711**

Name

**Joseph A. Divito**

Street Address (P.O. Box Number is Not Acceptable)

**Divito & Higham, PA**

**4514 CENTRAL AVE**

City

**ST. PETERSBURG**

**FL**

Zip Code

**33711**

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

*Joseph A. Divito*

**Joseph A. Divito**

**1-12-00**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

**\$100.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **N93000003205**  
NAME **CATHOLIC CHARITIES HOUSING, INC.**  
STREET ADDRESS **6533 9TH AVENUE NORTH**  
CITY - ST - ZIP **ST. PETERSBURG FL 33710**

STREET ADDRESS

CITY - ST - ZIP

**200003161982--6**  
**-03/08/00--01047--018**  
**\*\*\*\*150.00 \*\*\*\*150.00**

DOCUMENT #  
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CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

**11/31/00**

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

**SIGNATURE REQUIRED** **Robert Sulte**

**01/13/00**

**(727) 893-1314**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #