

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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

4. FEI Number 59-3482901	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 [Signature] Joseph A. DiVito DATE 1-12-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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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

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

13. ADDRESS CHANGES ONLY

STREET ADDRESS	200003161982--6
CITY - ST - ZIP	-03/08/00--01047--018
	****150.00 ****150.00
STREET ADDRESS	<u>11/31/00</u>
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

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] **SIGNATURE REQUIRED** Robert Sulte DATE 01/13/00 (727) 893-1314
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #