

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90025 029 \*\*\*\*61.25

**DOCUMENT # C10354**

1. Entity Name

**HOLY NAME ACADEMY**

**905772**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 33201 HIGHWAY 52 SAINT LEO FL 33574		Mailing Address PO BOX 2450 SAINT LEO FL 33574-2450 US		4. FEI Number <b>59-0737887</b>		Applied For Not Applicable
2. Principal Place of Business		3. Mailing Address		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent  <b>GREENFELDER, GLEN E</b> <b>14217 THIRD STREET</b> <b>DADE CITY FL 33525</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
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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

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>NEUHOFFER, MARY C</b> <b>33201 STATE HWY. 52</b> <b>SAINT LEO FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>HYDRO, MARY D</b> <b>33201 STATE HIGHWAY 52</b> <b>SAINT LEO FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>BAILEY, ROBERTA</b> <b>33201 STATE HIGHWAY 52</b> <b>SAINT LEO FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>WANSLEY, DIANNE</b> <b>33201 STATE HIGHWAY 52</b> <b>SAINT LEO FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BAILEY, ROBERT</b> <input checked="" type="checkbox"/> Delete <b>33201 STATE HIGHWAY 52</b> <b>SAINT LEO FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>LAVELLE, TERESA</b> <b>33201 STATE HIGHWAY 52</b> <b>SAINT LEO, FL 33574</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GELIS, MILDRED</b> <input type="checkbox"/> Delete <b>33201 STATE HIGHWAY 52</b> <b>SAINT LEO FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Roberta Bailey* **SISTER ROBERTA BAILEY, OSB**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **TREASURER** **1/14/00** **(352) 588-8320**  
Date Daytime Phone #