

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 14, 2003 8:00 am**  
**Secretary of State**

02-14-2003 90221 003 \*\*\*\*70.00

DOCUMENT # **F02000001865**



1. Entity Name

**MARIAN SERVANTS OF THE HOLY SPIRIT,  
INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**5720 A STREET**

Suite, Apt. #, etc.

3. Mailing Address  
**5720 A STREET**

Suite, Apt. #, etc.

City & State  
**LINCOLN, NEBRASKA**

City & State  
**LINCOLN, NEBRASKA**

Zip  
**68510**

Country

**UNITED STATES**

Zip  
**68510**

Country

**UNITED STATES**

4. FEI Number (NOT APPLICABLE -  
**CATHOLIC CHURCH**

Applied For  
☒ Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name **THOMAS J. HART**

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

**2880 WEATHERSFIELD COURT**

City **CLEARWATER**

**FL**

Zip Code  
**33761**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25**  
**Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRESIDENT, SEC., TREAS. & DIRECTOR  
FR. DONAT MICHAEL MCDONAGH  
5720 A STREET, LINCOLN, NE 68510**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DIRECTOR  
LAWRENCE H. RIEMER  
5720 A STREET, LINCOLN, NE 68510**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DIRECTOR  
MATTHEW ROUSSEL  
5720 A STREET, LINCOLN, NE 68510**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Donat M. McDonagh*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Donat M. McDonagh*

1/30/2003

Date

(205) 488-5449

Daytime Phone #

CR2E037B (12/02)