

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F99000002721**

1. Entity Name

CATHOLIC RESOURCE CENTER, INC.

Principal Place of Business

Mailing Address

PO BOX 720
WEST COVINA CA 91793PO BOX 720
WEST COVINA CA 91793-0720

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WEST COVINA

City & State

WEST COVINA

Zip

Country

Zip

Country

4. FEI Number

95-4621721

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

Name

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

City

FL

Zip Code

SULLIVAN, THOMAS
11620 U.S. HIGHWAY 19
PORT RICHEY FL 34668

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

TITLE	PC	<input type="checkbox"/> Delete
NAME	BARBER, TERRY	
STREET ADDRESS	1613 W. GARVEY AVE. N.	
CITY-ST-ZIP	WEST COVINA CA 91722	
TITLE	S	<input type="checkbox"/> Delete
NAME	QUERADA, RUBEN	
STREET ADDRESS	536 S. SECOND AVENUE UNIT N	
CITY-ST-ZIP	COVINA CA 91722	
TITLE	T	<input type="checkbox"/> Delete
NAME	MC MILLAN, JIM	
STREET ADDRESS	536 S. 2ND AVENUE UNIT N	
CITY-ST-ZIP	COVINA CA 91722	
TITLE	D	<input type="checkbox"/> Delete
NAME	WACK, MICHAEL	
STREET ADDRESS	912 MCKINLEY DRIVE	
CITY-ST-ZIP	MUNDELEIN IL 60060	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELICK, THOMAS	
STREET ADDRESS	19412 POMPANO LANE #104	
CITY-ST-ZIP	HUNTINGTON BEACH CA 92648	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	WEST COVINA	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUEZADA	
STREET ADDRESS		
CITY-ST-ZIP	COVINA	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	COVINA	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WICK	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RUBEN QUERADA

1-13-00 626-331-3549

Date

Daytime Phone #

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90124 008 ****61.25

00000000



DO NOT WRITE IN THIS SPACE