

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90156 004 ****70.00

DOCUMENT # N00000000635

1. Entity Name

SOCIETY OF SAINT VINCENT DE PAUL PROPERTIES, INC

LA

Principal Place of Business

123 - 8TH STREET N.
 ST. PETERSBURG FL 33701

Mailing Address

123 - 8TH STREET N.
 ST. PETERSBURG FL 33701

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

592380770

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KAREN S. KEATON, PA
111 - 2ND AVENUE NE
SUITE #610
ST. PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name **RONDA RUSSICK**
 Street Address (P.O. Box Number is Not Acceptable)
123 8TH ST. N.
 City **ST. PETERSBURG, FL** Zip Code **33701**

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

Ronda Russick, Executive Director 9/10/01

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
After September 12, 2001, min. will be \$236.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE: <input type="checkbox"/> Delete NAME: D SAMPSON, SOPHIE STREET ADDRESS: 123 - 8TH STREET N. CITY-ST-ZIP: ST. PETERSBURG FL 33701	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: P (President) STREET ADDRESS: SAME CITY-ST-ZIP: SAME
TITLE: <input type="checkbox"/> Delete NAME: D NELSON, PAUL STREET ADDRESS: 123 - 8TH STREET N. CITY-ST-ZIP: ST. PETERSBURG FL 33701	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: V STREET ADDRESS: SAME CITY-ST-ZIP: SAME
TITLE: <input type="checkbox"/> Delete NAME: D YUMANS, CHRIS STREET ADDRESS: 123 - 8TH STREET N. CITY-ST-ZIP: ST. PETERSBURG FL 33701	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: T STREET ADDRESS: SAME CITY-ST-ZIP: SAME
TITLE: <input type="checkbox"/> Delete NAME: D VICKSTROM, ANN STREET ADDRESS: 123 - 8TH STREET N. CITY-ST-ZIP: ST. PETERSBURG FL 33701	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: S STREET ADDRESS: SAME CITY-ST-ZIP: SAME
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP: 	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
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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:

Sophie Sampson, President

September 10, 2001 (727) 923-2516

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/01)