

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000001487

1. Entity Name

**SAINT FRANCES CABRINI SPIRITUAL & EDUCATION FUND  
, INC.**

Principal Place of Business  
**6815 121ST AVENUE EAST  
PARRISH FL 34219**

Mailing Address  
**6815 121ST AVENUE EAST  
PARRISH FL 34219**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0989806**

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

**WYAR, WALTER H  
3005 OLD ORCHARD LANE  
PARRISH FL 34219**

Name  
**MICHAEL J. MYLETT**  
Street Address (P.O. Box Number is Not Acceptable)  
**130 MILL RUN EAST**

City  
**BRADENTON** FL Zip Code  
**34202**

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 date 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D OHLMAN, MICHAEL T 805 137TH STREET E. BRADENTON FL 34202</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WYAR, WALTER H 3005 OLD ORCHARD LANE PARRISH FL 34219</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GREICO, DONALD E 3410 WILDERNESS BLVD.E PARRISH FL 34219</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SLOCUMB, NORMA JEAN 3309 LAKESIDE CIRCLE PARRISH FL 34219</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GOLDEN, BETH 903 WOODVIEW WAY BRADENTON FL 34202</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MYLETT, MICHAEL J 130 MILL RUN EAST BRADENTON FL 34202</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 RICHARD GROSS 3301 WILDERNESS BLVD E. PARRISH, FL 34219</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

**JOHN E. WINTER PRESIDENT**

**4-17-02 (941) 729-7259**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0085736

CR2E037 (9/01)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91615 033 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE