

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 06, 2001 8:00 am**  
**Secretary of State**

09-06-2001 90266 045 \*\*\*\*\*61.25

0013477

**DOCUMENT # N00000004770**

1. Entity Name

**ST. JUDE'S RANCH FOR CHILDREN, INCORPORATED**

Principal Place of Business

Mailing Address

13065 VIA CASSIA  
 PLACIDA FL 33946

13065 VIA CASSIA  
 PLACIDA FL 33946

00064106



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1120867

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

~~SHAFER, WILLIAM T ESQ.~~  
~~2050 WEST FIRST STREET~~  
~~FORT MYERS FL 33901~~

THE REV'D. R. BRUCE RYAN  
 13065 VIA CASSIA  
 PLACIDA, FL 33946

Name

THE REV'D. R. BRUCE RYAN

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

13065 VIA CASSIA

City

PLACIDA

FL

Zip Code

33946

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

*R. Bruce Ryan* (R. BRUCE RYAN)

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

(NOTE: Registered Agent signature required when reinstating)

SEPT. 4, 2001

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

TITLE D ☐ Delete  
 NAME SHAFER, KRISTY C ESQ.  
 STREET ADDRESS ~~15442 FIDDLESTICKS BLVD.~~  
 CITY-ST-ZIP ~~FORT MYERS FL 33942~~

TITLE ☐ Change ☐ Addition  
 NAME SHAFER, KRISTY C. ESQ.  
 STREET ADDRESS 814 SOUTH BAY BLVD.  
 CITY-ST-ZIP ANNA MARIA, FL 34216

TITLE D ☐ Delete  
 NAME BERNSTEIN, LYNN R DR.  
 STREET ADDRESS 1861 PLACIDA ROAD  
 CITY-ST-ZIP ENGLEWOOD FL 34223

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D ☐ Delete  
 NAME FITZGERALD, ROBERT C  
 STREET ADDRESS POST OFFICE BOX 369  
 CITY-ST-ZIP BOCA GRANDE FL 33921

TITLE ☒ Change ☐ Addition  
 NAME FITZGERALD, RICHARD C.  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D ☐ Delete  
 NAME HELMS, RICHARD CPA  
 STREET ADDRESS 5865 TALLOWOOD CIRCLE  
 CITY-ST-ZIP FORT MYERS FL 33919

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE PD ☐ Delete  
 NAME REV. R. BRUCE RYAN  
 STREET ADDRESS 13065 VIA CASSIA  
 CITY-ST-ZIP PLACIDA FL 33946

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VD ☐ Delete  
 NAME SEALS, JAMES  
 STREET ADDRESS 1308 ALMERIA AVENUE  
 CITY-ST-ZIP FORT MYERS FL 33901

TITLE ☐ Change ☐ 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:

*R. Bruce Ryan* (R. BRUCE RYAN) SEPT. 4, 2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/01)