

2002 UNIFORM BUSINESS REPORT (UBR)

0014272

DOCUMENT # N00000004770

1. Entity Name

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

Name Change Amendment
Filed 9/15/02

Saint Francis Academy of Florida, Incorporated

Principal Place of Business

Mailing Address

13065 VIA CASSIA
PLACIDA FL 33946

13065 VIA CASSIA
PLACIDA FL 33946

FILED

02 OCT -3 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

THE REV'D R. BRUCE RYAN

13065 VIA CASSIA
PLACIDA FL 33946

Name

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

City

FL

Zip Code

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

After September 13, 2002,
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
NAME SHAFFER, KRISTY C ESQ.
STREET ADDRESS 814 SOUTH BAY BLVD.
CITY-ST-ZIP ANNA MARIA FL 34216 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
800008703218
10/30/02--01095--003 **61.25

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

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

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

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

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

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

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

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

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

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

Richard R Helms

Richard R Helms 9/13/02 2394819696

CR2E037 (4/02)