2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90181 046 ****61.25

DOCUMENT # N00000006767

1. Entity Name
ST. THOMAS AQUINAS HIGH SCHOOL, INC.

Principal Place of Business	Mailing Address
2801 SW 12 ST FT LAUDERDALE FL 33312	2801 SW 12 ST FT LAUDERDALE FL 33312

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-0791007 ☐ 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
FITZGERALD, J PATRICK 110 MERRICK WAY, SUITE 3-B CORAL GABLES FL 33134	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

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KELLY, VINCENT T	NAME	
STREET ADDRESS	9401 BISCAYNE BLVD	STREET ADDRESS	
CITY-ST-ZIP	MIAMI SHORES FL 33138	CITY-ST-ZIP	
TITLE	VD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JONES, TINA	NAME	
STREET ADDRESS	2801 SW 12 ST	STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	CITY-ST-ZIP	
TITLE	TD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	VAUGHAN, JOHN J	NAME	
STREET ADDRESS	9401 BISCAYNE BLVD	STREET ADDRESS	
CITY-ST-ZIP	MIAMI SHORES FL 33138	CITY-ST-ZIP	
TITLE	SD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KELLY, VINCENT T	NAME	
STREET ADDRESS	9401 BISCAYNE BLVD	STREET ADDRESS	
CITY-ST-ZIP	MIAMI SHORES FL 33138	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HENNESSEY, WILLIAM J REV	NAME	
STREET ADDRESS	9401 BISCAYNE BLVD	STREET ADDRESS	
CITY-ST-ZIP	MIAMI SHORES FL 33138	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 RECEIVED April 28, 2003

CR2E037 (10/02)