

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

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90144 029 ****61.25

DOCUMENT # NO1000000369

1. Entity Name

ST. JUDE THE APOSTLE CHURCH SCHOOL, INC.



Principal Place of Business

**5807 WESTLAKE DRIVE
NEW PORT RICHEY FL 34653-4418**

Mailing Address

**5807 WESTLAKE DRIVE
NEW PORT RICHEY FL 34653-4418**

2. Principal Place of Business

5006 Trouble Creek Rd

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite # 150

Suite, Apt. #, etc.

City & State

New Port Richey FL

City & State

Same

Zip

34653

Country

Pasco

Zip

Same

Country

Same

4. FEI Number **59-3693135**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

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]

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

TITLE **PD** ☐ Delete
NAME **LOFTUS, OWEN J REV.**
STREET ADDRESS **5807 WESTLAKE DRIVE**
CITY-ST-ZIP **NEW PORT RICHEY FL 34653-4418**

TITLE **STD** ☐ Delete
NAME **LOFTUS, KATHERINE S**
STREET ADDRESS **5807 WESTLAKE DRIVE**
CITY-ST-ZIP **NEW PORT RICHEY FL 34653-4418**

TITLE **D** ☐ Delete
NAME **TOWER, KAY P**
STREET ADDRESS **5807 WESTLAKE DRIVE**
CITY-ST-ZIP **NEW PORT RICHEY FL 34653-4418**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
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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:

[Signature] **LOFTUS, JR 2 Sept 2003 (927) 813-8930**

0093651

CR2E037 (10/02)