

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1000004484

1. Entity Name

FRANCISCAN SISTERS OF ALLEGANY RESIDENCE OF WEST PALM BEACH, INC.

Principal Place of Business

632 11TH STREET NORTH
ST. PETERSBURG FL 33705

Mailing Address

632 11TH STREET NORTH
ST. PETERSBURG FL 33705

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEBBER, DALE S
401 E. JACKSON STREET
SUITE 2500
TAMPA FL 33602

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.

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 Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	Sister Margaret Mary Kimmins	
STREET ADDRESS	115 East Main Street	
CITY-ST-ZIP	Allegany, NY 14706	
TITLE	SD	<input type="checkbox"/> Delete
NAME	Sister Margaret Magee	
STREET ADDRESS	115 East Main Street	
CITY-ST-ZIP	Allegany, NY 14706	
TITLE	TD	<input type="checkbox"/> Delete
NAME	Sister Marlene Weidenborner	
STREET ADDRESS	10049 82nd Street N.	
CITY-ST-ZIP	Largo, FL 33777	
TITLE	D	<input type="checkbox"/> Delete
NAME	Sister Lucy Cardet	
STREET ADDRESS	138 N.E. 111th Street	
CITY-ST-ZIP	Miami Shores, FL 33161	
TITLE	D	<input type="checkbox"/> Delete
NAME	Sister Avril Chin Fatt	
STREET ADDRESS	16 Old Hope Rd., Kingston 5	
CITY-ST-ZIP	Jamaica, West Indies	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Margaret Mary Kimmins, R.N.

Date

Daytime Phone #

4-3-2002 716 372-5670

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE