

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 03, 2002 8:00 am
Secretary of State

09-03-2002 90183 010 ****61.25

DOCUMENT # N01000006738

1. Entity Name

INTERNATIONAL ORDINARIATE CORPORATION

Principal Place of Business

Mailing Address

~~5728 NW 79TH AVE~~
~~MARGATE FL~~ 5728 N.W. 119th Dr.
 Coral Springs, FL 33076 - 4025

69 SAME

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

55-0790704

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUNNIGAN, JOHN

~~2776 NW 79TH AVE~~ 5728 N.W. 119th Dr.

~~MARGATE FL 33063-8~~ Coral Springs, FL 33076 - 4025

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

JOHN DUNNIGAN

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

John Dunnigan

(NOTE: Registered Agent Signature required when reinstating)

8/28/02

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 NAME STREET ADDRESS CITY-ST-ZIP	DP DUNNIGAN, JOHN 2776 NW 79TH AVE 5728 N.W. 119th Dr. MARGATE FL 33063-8151 CORAL SPRINGS, FL 33076	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DUNNIGAN, SUK J 2776 NW 79TH AVE 5728 N.W. 119th Dr. MARGATE FL 33063-8151 CORAL SPRINGS, FL 33076	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLYNN, MARIA G 10504 W. CAMPLE RD 1941 NW. 57th BLVD CORAL SPRINGS FL 33065 CORAL SPRING 33076	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

*NOTE
 CHANGES
 of
 ADDRESS*

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:

John Dunnigan

8/28/02 954.345.7621

CR2E037 (4/02)