

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02861

1. Entity Name

ST. MARY'S ANCILLARY SERVICES, INC.

FILED
May 06, 2000 8:00 am
Secretary of State

05-06-2000 90152 001 *1,685.00

Principal Place of Business

Mailing Address

901 45TH STREET
 WEST PALM BEACH FL 33407

901 45TH STREET
 WEST PALM BEACH FL 33407-2413

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2445991

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LARCOMBE, VALERIE G
 1309 N FLAGLER DR
 WEST PALM BEACH FL 33401

Name

Valerie G. Larcombe, Esquire

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

Akerman Senterfitt

777 S. Flagler Drive, Suite 900E

City

West Palm Beach

FL

Zip Code
 33401

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

Valerie G. Larcombe

Valerie G. Larcombe 4/27/00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE CD ☐ Delete
 NAME FREDERICK ADLER
 STREET ADDRESS 901 45TH STREET
 CITY-ST-ZIP WEST PALM BEACH FL 33407

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

TITLE S ☐ Delete
 NAME LARCOMBE, VALERIE G
 STREET ADDRESS 901 45TH STREET
 CITY-ST-ZIP WEST PALM BEACH FL 33407

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

TITLE PD ☐ Delete
 NAME DUTCHER, PHIL
 STREET ADDRESS 901 45TH STREET
 CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE PD ☒ Change ☐ Addition
 NAME Steven Nathan
 STREET ADDRESS 901 45th Street
 CITY-ST-ZIP West Palm Beach, FL 33407

TITLE TD ☐ Delete
 NAME NASK, FRANK
 STREET ADDRESS 901 45TH STREET
 CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE TD ☒ Change ☐ Addition
 NAME Michael Loscalzo
 STREET ADDRESS 901 45th Street
 CITY-ST-ZIP West Palm Beach, FL 33407

TITLE D ☐ Delete
 NAME THOMAS MCCLOSKEY
 STREET ADDRESS 901 45TH STREET
 CITY-ST-ZIP WEST PALM BEACH FL 33407

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

TITLE D ☐ Delete
 NAME RICHARD S JOHNSON
 STREET ADDRESS 901 45TH STREET
 CITY-ST-ZIP WEST PALM BEACH FL 33407

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:

Steven Nathan **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven Nathan 4/27/00 561-650-6201

President and CEO

Daytime Phone #

CR2E037 (9/99)