

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N12959

1. Entity Name

COUNCIL OF ST. PETERSBURG DIOCESE SOCIETY OF ST

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90074 013 ****70.00

Principal Place of Business

Mailing Address

4216 S MANHATTAN
214
TAMPA FL 33611
US

PO BOX 13938
TAMPA FL 33681-3938
US

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

59-2617093

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

ROPERT, MARVIN A
4216 S MANHATTAN 214
TAMPA FL 33611

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	ROPERT, MARVIN A	
STREET ADDRESS	4216 S MANHATTAN 214	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CURLEY, JERRY	
STREET ADDRESS	7929 JAYWOOD RD	
CITY-ST-ZIP	LARGO FL 34643	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HAINS, WALTER	
STREET ADDRESS	1613 PINE PLACE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BISSELL, GEORGE	
STREET ADDRESS	1970 LANDOVER BLVD	
CITY-ST-ZIP	SPRING HILL FL 34608	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LATINA JOSEPH	
STREET ADDRESS	7113 WHITTER ST	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLT DENNIS	
STREET ADDRESS	23647 WOODGLEN AVE	
CITY-ST-ZIP	LANDO O'LAKES FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOPHIE CAMPBELL	
STREET ADDRESS	9373 87TH TERRACE	
CITY-ST-ZIP	SEMINOLE FL 33777	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TIM CASEY	
STREET ADDRESS	14818 ARNHAM WAY	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	S	<input checked="" 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: *NSICAP/Report MARVIN A ROPERT*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-2000

Date

813-832-5486

Daytime Phone #

CR2E037 (9/99)