

2002 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
May 27, 2002 8:00 am
Secretary of State

04-02-2002 90898 014 ****70.00

DOCUMENT # N12959

1. Entity Name

COUNCIL OF ST. PETERSBURG DIOCESE SOCIETY OF ST VINCENT DE PAUL, INC.

Principal Place of Business

**4216 S MANHATTAN
 214
 TAMPA FL 33611
 US**

Mailing Address

**PO BOX 13938
 TAMPA FL 33681
 US**

30730



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2617093**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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 **JOHN ALLEN**

Street Address (P.O. Box Number is Not Acceptable)
19111 VISTA BAY DR #415

City **INDIAN SHORES**

FL

Zip Code **33785**

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	ROPERT, MARVIN A	<input type="checkbox"/> Delete
NAME	4216 S MANHATTAN 214	
STREET ADDRESS	TAMPA FL	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete
NAME	SAMPSON, SOPHIE	
STREET ADDRESS	9373 87TH TERRACE NORTH	
CITY-ST-ZIP	SEMINOLE FL 33777	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HAINS, WALTER	
STREET ADDRESS	1613 PINE PLACE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASEY, TIM	
STREET ADDRESS	14818 FARNHAM WAY	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	SD	<input checked="" 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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN ALLEN	
STREET ADDRESS	19111 VISTA BAY DR #415	
CITY-ST-ZIP	INDIAN SHORES FL 33785	
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MARVIN A. ROPERT

5-12-02

727-442-5306

CR2E037 (9/01)