

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N13040

FILED
Jan 03, 2003
Secretary of State

Entity Name: THE FLORIDA CATHOLIC OF VENICE, INC.

Current Principal Place of Business:

1000 PINEBROOK ROAD
VENICE, FL 34292 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2006
VENICE, FL 342842006 US

New Mailing Address:

FEI Number: 59-0245905

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAUER, JOHN G.
1000 PINEBROOK ROAD
VENICE, FL 34292 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CAROSELLA, REV., JEROM, E, A
Address: 1000 PINEBROOK ROAD
City-St-Zip: VENICE, FL

Title: SD () Delete
Name: MCGRATH, GAIL, M,
Address: 1000 PINEBROOK ROAD
City-St-Zip: VENICE, FL

Title: TD () Delete
Name: BAUER, JOHN, G,
Address: 1000 PINEBROOK ROAD
City-St-Zip: VENICE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAIL M. MCGRATH

SD

01/03/2003

Electronic Signature of Signing Officer or Director

Date