

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N15544

1. Entity Name

THE SALESIAN SISTERS OF TAMPA, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90060 029 ****70.00

Principal Place of Business

Mailing Address

VILLA MADONNA SCHOOL
315 W. COLUMBUS DR.
TAMPA FL 33602-1326
US

% SR. SUPERIOR
315 W. COLUMBUS DR.
TAMPA FL 33602-1326
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1172504

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

SALEM, ALBERT M JR.
4600 W. KENNEDY BLVD.
TAMPA FL 33609

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
NAME KELLY, THERESA
STREET ADDRESS 655 BELMONT AVE.
CITY-ST-ZIP HALEDON NJ ☐ Delete

TITLE PD
NAME Surprys, Judith
STREET ADDRESS 655 Belmont Ave
CITY-ST-ZIP Haledon NJ 07508 ☒ Change ☐ Addition

TITLE VPD
NAME RYAN, ELIZABETH
STREET ADDRESS 315 W. COLUMBUS DR
CITY-ST-ZIP TAMPA FL 33602 ☐ Delete

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

TITLE SD
NAME GARZA, ISABEL
STREET ADDRESS 2102 N GOMEZ AVE
CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE SD
NAME Roche, Patricia
STREET ADDRESS 3809 Morrison Ave
CITY-ST-ZIP Tampa, FL 33629 ☒ Change ☐ Addition

TITLE D
NAME GUTIERREZ, ANGELA TERESA
STREET ADDRESS 226 S.W. 20TH RD.
CITY-ST-ZIP MIAMI FL ☐ Delete

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

TITLE D
NAME COSENTINO, AGATHA
STREET ADDRESS 655 BELMONT AVE.
CITY-ST-ZIP HALEDON NJ ☐ Delete

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

TITLE TD
NAME JOSS, PAULINE
STREET ADDRESS 315 W. COLUMBUS DR.
CITY-ST-ZIP TAMPA FL ☐ Delete

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

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: Pauline Joss, FMA 2-22-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)