

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23289

1. Entity Name

ST. VINCENT DE PAUL SOCIETY OF ST. THOMAS MORE C

FILED

Mar 03, 2000 8:00 am  
Secretary of State

03-03-2000 90207 028 \*\*\*\*61.25

Principal Place of Business

4409 WEST PENSACOLA  
TALLAHASSEE FL 32310  
US

Mailing Address

4409 W PENSACOLA ST  
TALLAHASSEE FL 32304-3739

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2600031

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

RELATION, ALBERT A  
5636 SULLIVAN RD  
TALLAHASSEE FL 32303

Name

LOUIS CAPPA

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

461 HIGHPOINT LN

City

TALLAHASSEE

FL

Zip Code

32301

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 RELATION, ALBERT A  
STREET ADDRESS 5636 SULLIVAN RD  
CITY-ST-ZIP TALLAHASSEE FL ☒ Delete

TITLE MANAGER  
NAME LOUIS CAPPA  
STREET ADDRESS 461 HIGHPOINT LN  
CITY-ST-ZIP TALLAHASSEE FL 32301 ☒ Change ☐ Addition

TITLE SD  
NAME KUECHEL, MARY  
STREET ADDRESS 812 PIEDMONT DR  
CITY-ST-ZIP TALLAHASSEE FL ☐ Delete

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

TITLE TD  
NAME RELATION, LOUISE N  
STREET ADDRESS 5636 SULLIVAN RD  
CITY-ST-ZIP TALLAHASSEE FL ☐ Delete

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

TITLE PD  
NAME RYAN, WILLIAM  
STREET ADDRESS 2016 TRAVIS CIRCLE  
CITY-ST-ZIP TALLAHASSEE FL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-2-00

576-6099