

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24985

1. Entity Name

THE HOUSE OF ST. JOSEPH THE WORKMAN, INC.

Principal Place of Business

C/O EVELYN J. MCCARRON  
109G RACETRACK RD. NE  
FT. WALTON BEACH FL 32547

Mailing Address

C/O EVELYN J. MCCARRON  
109G RACETRACK RD. NE  
FT. WALTON BEACH FL 32547-1816

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

59-2886544

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

MCCARRON, EVELYN J.  
109G RACETRACK RD. NE  
FT. WALTON BEACH FL 32548

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 D ☐ Delete  
NAME MCCARRON, EVELYN J.  
STREET ADDRESS 214 FLIVA AVENUE  
CITY-ST-ZIP FT. WALTON BEACH FL

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

TITLE D ☐ Delete  
NAME MCCARRON, THOMAS J.  
STREET ADDRESS 214 FLIVA AVENUE  
CITY-ST-ZIP FT. WALTON BEACH FL

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

TITLE D ☐ Delete  
NAME IRLBECK, CATHERINE  
STREET ADDRESS HIGHWAY 90W  
CITY-ST-ZIP DEFUNIAK SPRINGS FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

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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: Evelyn J. McCarron

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-24-00

Date

850 862 4664

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)