

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90318 011 \*\*\*\*61.25

**DOCUMENT # N28072**

1. Entity Name

**DISTRICT COUNCIL OF ORLANDO SOCIETY OF ST. VINCE  
 NT DE PAUL, INC.**

Principal Place of Business

Mailing Address

**C/O DONALD LEAR  
 1024 PARK DR., #4  
 INDIAN HARBOR BEACH FL 32937  
 US**

**C/O DONALD LEAR  
 1024 PARK DR. #4  
 INDIAN HARBOR BEACH FL 32937  
 US**



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

**59-2948683**

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

**LEAR, DONALD  
 1024 PARK DR., #4  
 INDIAN HARBOR BEACH FL 32937**

Name **Tom McNAUGHTON**  
 Street Address (P.O. Box Number is Not Acceptable)

**1304 FONTANA COURT  
 LADY LAKE FL 32159**

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

*Donald Lear*

**4-30-02**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	LEAR, DONALD	1024 PARK DR, #4	INDIAN HARBOR BEACH FL	<input type="checkbox"/>
SD	MARILYN L. SOUZA	2500 ROSE BLVD.	ORLANDO FL	<input type="checkbox"/>
PTD	LEAR, DONALD	1024 PARK DR, #4	INDIAN HARBOR BCH. FL	<input type="checkbox"/>
VPD	MCNAUGHTON, TOM	1304 FONTANA COURT	LADY LAKE FL 32159	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*Donald Lear*  
**REQUIRE**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**APR 15 02 (354) 750 547**  
 Date Daytime Phone #

CR2E037 (9/01)