

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N28780

1. Entity Name

CHAPEL OF THE VENERABLE BEDE, INC.

**FILED**  
**Jul 28, 2000 8:00 am**  
**Secretary of State**

07-28-2000 90154001 \*\*\*\*70.00

Principal Place of Business 1150 STANFORD DRIVE CORAL GABLES FL 33146	Mailing Address 1150 STANFORD DRIVE CORAL GABLES FL 33146
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0078659	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**CORBISHLEY, FRANK J**  
 1150 STANFORD DRIVE  
 CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

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 *Frank J Corbishley* (NOTE: Registered Agent signature required when reinstating) DATE *July 19, 2000*

FILE NOW: FEE IS \$61.25  
 After September 13, 2000 min. will be \$236.25

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	CORBISHLEY, FRANK J	
STREET ADDRESS	1150 STANFORD DRIVE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BURNETT, HENRY	
STREET ADDRESS	4720 SW 85 STREET	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CANTRELL, STEVE	
STREET ADDRESS	7230 SW 124 ST	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PARSONS, THEODORE	
STREET ADDRESS	6931 SW 55TH TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	VAUGHN, NANCY J	
STREET ADDRESS	13220 SW 98 PLACE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Burnett, Henry	
STREET ADDRESS	4720 SW 85 street	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Owen, Roger Jr.	
STREET ADDRESS	8107 SW 72 Avenue #420E	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stieglitz, Nick W. Jr.	
STREET ADDRESS	6120 Davis Road	
CITY-ST-ZIP	South Miami, FL 33143	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chapman, Cheryl Jr.	
STREET ADDRESS	1790 S. Treasure Dr. #4A	
CITY-ST-ZIP	North Bay Village, FL 33141	

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: *Nick W. Stieglitz* REQUIRE *[Signature]* Date Daytime Phone #

CR2E037 (5/00)