

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90224 038 ****70.00

DOCUMENT # N28780

1. Entity Name

CHAPEL OF THE VENERABLE BEDE, INC.

Principal Place of Business

Mailing Address

1150 STANFORD DRIVE
 CORAL GABLES FL 33146

1150 STANFORD DRIVE
 CORAL GABLES FL 33146

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0078659

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

CORBISHLEY, FRANK J
1150 STANFORD DRIVE
CORAL GABLES FL 33146

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	CORBISHLEY, FRANK J	1150 STANFORD DRIVE	CORAL GABLES FL				
VD	OWEN, ROGER DR	8107 SW 72 AVENUE #420E	MIAMI FL 33143	VD	Paige Cubbison	10180 SW 108 Street	MIAMI FL 33176
VD	BURNETT, HENRY	4720 SW 85 STREET	MIAMI FL 33143	VD	Maggie Kreuzberger	10730 NE 2nd A	MIAMI FL 33161
TD	STIEGLITZ, NICK W JR	6120 DAVIS ROAD	SOUTH MIAMI FL 33143				
VD	VAUGHN, NANCY J	13220 SW 98 PLACE	MIAMI FL 33176				
SD	CHAPMAN, CHERYL DR	1790 S. TREASURE DR H 4A	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: **FRANK J. CORBISHLEY** 01/18/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)