

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90546 008 \*\*\*\*61.25

**DOCUMENT # N30691**

1. Entity Name  
**CATHOLIC CHARITIES EMPLOYMENT PROGRAMS, INC.**



Principal Place of Business

~~ALLEN, BRINTON & SIMMONS~~  
9140 GOLFSIDE DR. SUITE 7  
JACKSONVILLE FL 32256

Mailing Address

~~ALLEN, BRINTON & SIMMONS~~  
9140 GOLFSIDE DR. SUITE 7  
JACKSONVILLE FL 32256

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 **59-2931859**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ALLEN, BRINTON & SIMMONS, P.A.**  
3220 INDEPENDENT SQUARE  
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name **Stoneburner, Berry, + Simmons, P.A.**  
Street Address (P.O. Box Number is Not Acceptable)  
**1 Independent Drive, Suite 2000**  
City **Jacksonville** FL Zip Code **32202**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Sidney S. Simmons* *President* *1/23/03*

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HELOW, JOSEPH P.</b>	
STREET ADDRESS	<b>8228 SHADY GROVE ROAD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SIMMONS, SIDNEY S. II</b>	
STREET ADDRESS	<b>2950 ARAPAHOE AVE.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TOCE, DONALD A.</b>	
STREET ADDRESS	<b>P.O. BOX 54015</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TIERNEY, WILLIAM J.</b>	
STREET ADDRESS	<b>3510 N. RIDE DRIVE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BEITZ, WILLIAM C.</b>	
STREET ADDRESS	<b>950 LAKERIDGE</b>	
CITY-ST-ZIP	<b>ORANGE PARK FL</b>	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

*Sidney S. Simmons* *President*

*1-21-03 (904) 636-0591*

CR2E037 (10/02)