

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2001 8:00 am
Secretary of State

08-01-2001 90200 028 ****61.25

DOCUMENT # N34559

1. Entity Name

BROTHER'S KEEPER OF SAINT CHARLES BORROMEO CATHO

Principal Place of Business

Mailing Address

4007 EDGEWATER DR
 4001 EDGEWATER DR
 ORLANDO FL 32804
 US

% FRANK SEVICK
 4001 EDGEWATER DR
 ORLANDO FL 32804

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

NOT APPLICABLE

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

SEVICK, FRANK
 4001 EDGEWATER DR
 ORLANDO FL 32804

Name
PATRICIA T. GEVING

Street Address (P.O. Box Number is Not Acceptable)
4001 EDGEWATER DR.

City
ORLANDO

FL

Zip Code
32804

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

Patricia T. Geving **PATRICIA T. GEVING**

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/13/01

DATE

FILE NOW: FEE IS \$61.25

After September 12, 2001, 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** ☐ Delete
 NAME **MAINARDI, DONALD FR.**
 STREET ADDRESS **4001 EDGEWATER DRIVE**
 CITY-ST-ZIP **ORLANDO FL**

TITLE **VTD** ☐ Delete
 NAME **SEVICK, FRANK**
 STREET ADDRESS **4001 EDGEWATER DR**
 CITY-ST-ZIP **ORLANDO FL**

TITLE **SD** ☐ Delete
 NAME **RUPP, RICHAR H**
 STREET ADDRESS **2219 AMAERST AVE**
 CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
 NAME **FR. THOMAS BARRETT**
 STREET ADDRESS **4001 EDGEWATER DR.**
 CITY-ST-ZIP **ORLANDO, FL 32804**

TITLE **VTD** ☒ Change ☐ Addition
 NAME **PATRICIA-T. GEVING**
 STREET ADDRESS **4001 EDGEWATER DR.**
 CITY-ST-ZIP **ORLANDO, FL 32804**

TITLE **SD** ☒ Change ☐ Addition
 NAME **RICHARD H. RUPP**
 STREET ADDRESS **2219 AMHERST AVE.**
 CITY-ST-ZIP **ORLANDO, FL 32804**

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

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

TITLE ☐ Change ☐ 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

Patricia T. Geving **PATRICIA T. GEVING**

7/13/01

407 293-9556

CR2E037 (5/01)