

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44724

1. Entity Name

THE CATHOLIC STUDY CENTER OF LONGWOOD, INC.

Principal Place of Business

280 SPRINGRUN CIR  
LONGWOOD FL 32779  
US

Mailing Address

280 SPRINGRUN CIRCLE  
LONGWOOD FL 32779-7045  
US

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

59-3117205

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

WALKER, DOROTHY H.  
280 SPRING RUN CIRCLE  
LONGWOOD FL 32779

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 PSD  
WALKER, DOROTHY H  
STREET ADDRESS 280 SPRING RUN CIR  
CITY-ST-ZIP LONGWOOD FL 32779 ☐ Delete

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

TITLE NAME D  
ZAMOYTA, VINCENT C  
STREET ADDRESS 10429 OSPREY NEST DR W.  
CITY-ST-ZIP JACKSONVILLE FL 32355 ☐ Delete

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

TITLE NAME D  
AZULA, SOLITA  
STREET ADDRESS 234 DUNCAN TRAIL  
CITY-ST-ZIP LONGWOOD FL 32779 ☐ Delete

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

TITLE NAME D  
SERROS, HELEN  
STREET ADDRESS 2415 SHREWSBURY  
CITY-ST-ZIP ORLANDO FL 32803 ☐ Delete

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

TITLE NAME D  
ANDERSON, MARY JO  
STREET ADDRESS 3219 WALD ROAD  
CITY-ST-ZIP ORLANDO FL 32806 ☐ Delete

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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:

*Dorothy H. Walker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
Jan 16, 2002 8:00 am  
Secretary of State

01-16-2002 90265 043 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)