

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

0061305

**DOCUMENT # N46639**

1. Entity Name

**FRANCISCAN SISTERS OF ALLEGANY RESIDENCE OF MIAM**

04-24-2001 90324 010 \*\*\*\*\*61.25

Principal Place of Business

Mailing Address

REGION III OFFICE  
631 11TH STREET NORTH  
ST PETERSBURG FL 33705  
US

REGION III OFFICE  
631 11TH STREET NORTH  
ST PETERSBURG FL 33705  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0331629**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~SHARKEY, SISTER G~~  
REGION III OFFICE  
631 11TH STREET NORTH  
ST PETERSBURG FL 33705

Name

**Stagnaro, Sister Kathleen**

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.

**SISTER KATHLEEN STAGNARO**

SIGNATURE

*Sister Kathleen Stagnaro*

**4-20-01**

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	<b>D</b> <b>KIMMINS, SISTER M MARY</b> <b>POST OFFICE BOX W</b> <b>ST. BONAVENTURE NY</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WEIDENBORNER, SISTER M</b> <b>POST OFFICE BOX W</b> <b>ST. BONAVENTURE NY</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CARDET, SISTER L</b> <b>138 NE 111 STREET</b> <b>MIAMI SHORES FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <del><b>HADDAD, SISTER O</b></del> <del><b>3939 SHORESIDE CIRCLE</b></del> <del><b>TAMPA FL 33624</b></del>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <del><b>HALL, MAUREEN CLARE</b></del> <del><b>152 CONSTANT SPRING ROAD #1654</b></del> <del><b>KINGSTON 8 JA</b></del>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <del><b>SHARKEY, SISTER G</b></del> <del><b>631 11TH STREET NORTH</b></del> <del><b>ST PETERSBURG FL</b></del>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

**Director**  
**Chin Fatt, Sister Avril**  
**16 Old Hope Rd.**  
**Kingston 5 JA**

**Director**  
**Magee, Sister Margaret**  
**Post Office Box W**  
**St. Bonaventure, NY 14778-2302**

**Secretary**  
**Stagnaro, Sister Kathleen**  
**631 11th Street North**  
**St. Petersburg, FL 33705**

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:**

*Sr. Margaret Magee* **Sr. Margaret Magee** **4-10-01** **716 373-0200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)