

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N51119

1. Entity Name

ST. ELIZABETH ANN SETON ENDOWMENT, INC.

Principal Place of Business

5325 28TH 28TH AVENUE S.W.
NAPLES FL 33999

Mailing Address

5325 28TH 28TH AVENUE S.W.
NAPLES FL 33999

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

65-0365291

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PAULICH, JOHN, III
801 ANCHOR RODE DRIVE, SUITE 209
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name JOHN PAULICH III
Street Address (P.O. Box Number is Not Acceptable)

801 ANCHOR RODE DRIVE, SUITE 203
City NAPLES FL Zip Code 34103

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

TITLE ☐ Delete
NAME D
STREET ADDRESS PAULICH, JOHN, III
CITY-ST-ZIP 801 ANCHOR RODE DRIVE, SUITE 209
NAPLES FL 34103

TITLE ☐ Delete
NAME D
STREET ADDRESS DANCA, GARY
CITY-ST-ZIP 5325 28TH AVENUE S.W.
NAPLES FL

TITLE ☐ Delete
NAME D
STREET ADDRESS LIMB, NANCY
CITY-ST-ZIP 5325-28TH AVENUE S.W.
NAPLES 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 ☒ Change ☐ Addition
NAME
STREET ADDRESS SUITE 203
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90236 014 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)