

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001114

1. Entity Name

SECULAR ORDER OF JESUS, MARY AND JOSEPH INC.

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

01-20-2000 90133 012 ****70.50

704000



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
5334 WALKER HORSE DR JACKSONVILLE FL 32257 US		5334 WALKER HORSE DR JACKSONVILLE FL 32257-4704 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number		Applied For	
59-3174394		Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
<input checked="" type="checkbox"/>			

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LEE, PATRICIA A 5334 WALKER HORSE DRIVE JACKSONVILLE FL 32257		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] DATE: 1-13-00
(NOTE: Registered Agent signature required when reinstating)

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	PD LEE, ROLAND K 5334 WALKER HORSE DRIVE JACKSONVILLE FL 32257 <input 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	SD LEE, PATRICIA A 5334 WALKER HORSE DRIVE JACKSONVILLE FL 32257 <input 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	TD MEYER, JEROME 2322 RUSSELL ROAD SIDNEY OH 45365 <input 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	M GARNIER, CHRIS 2804 FULTON ST SW LARGO FL 34844 <input 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	D GARNIER, ED 2804 FULTON ST SW LARGO FL 34844 <input 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	M USTICK, MARLA 7995 SHADOW RUN DR LARGO FL 34643 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-00

904-2920343

Date Daytime Phone #

CR2E037 (9/99)