

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90033 042 *****61.25

DOCUMENT # N93000001114

1. Entity Name
SECULAR ORDER OF JESUS, MARY AND JOSEPH INC.



Principal Place of Business

**634 WHISPER RIDGE LOOP
DAVENPORT FL 33897
US**

Mailing Address

**634 WHISPER RIDGE LOOP
DAVENPORT FL 33897
US**

11060403



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3174394**

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

**LEE, ROLAND K JMJ
634 WHISPER RIDGE LOOP
DAVENPORT FL 33897**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **PD LEE, ROLAND K JMJ**
STREET ADDRESS **634 WHISPER RIDGE LOOP**
CITY-ST-ZIP **DAVENPORT FL 33897**

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

TITLE ☐ Delete
NAME **SD BAUER, EDWARD JMJ**
STREET ADDRESS **16016 NW 78TH AVE**
CITY-ST-ZIP **ALACHUA FL 32615**

TITLE ☒ Change ☐ Addition
NAME **SD BAUER, EDWARD, JMJ**
STREET ADDRESS **1710 COUNTY RD 548**
CITY-ST-ZIP **HANCEVILLE, AL 35877**

TITLE ☐ Delete
NAME **T RANEY, WILLIAM**
STREET ADDRESS **7552 EAGLE FLIGHT LANE**
CITY-ST-ZIP **FORT MYERS FL 33912**

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

TITLE ☐ Delete
NAME **M RANEY, BARBARA**
STREET ADDRESS **7552 EAGLE FLIGHT LANE**
CITY-ST-ZIP **FORT MYERS FL 33912**

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

TITLE ☐ Delete
NAME **S USTICK, MARLA**
STREET ADDRESS **7995 SHADOW RIDGE DRIVE**
CITY-ST-ZIP **LARGO FL 33773**

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

TITLE ☐ Delete
NAME **M BAUER, LYNNE**
STREET ADDRESS **16016 NNW 78TH AVE**
CITY-ST-ZIP **ALACHUA FL 32615**

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:

Handwritten Signature
SIGNATURE REQUIRED

4/28/03

(239) 768-1661

CR2E037 (10/02)