## 2000 UNIFORM BUSINESS REPORT (UBR)

## Feb 29, 2000 8:00 am DOCUMENT # **N93000001267 Secretary of State** SOCIETY OF SAINT PIUS X, LAKE WORTH, FLORIDA, IN 02-29-2000 90156 017 \*\*\*\*61.25 Principal Place of Business Mailing Address 4827 COCONUT ROAD SOUTH 1567 -60TH TRAIL S. LAKE WORTH FL 33461 WEST PALM BCH FL 33415-5429 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State --- -4. FEI Number Applied For 65-0395005 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SCHREIBER, GERARD M 406 NORTH O ST LAKE WORTH FL 33460 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. THE CALL OF STAR THE MAY 11 great a size. SIGNATURE . Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE.IS \$61.25 . Vir. 15/2 < . ○OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. D X Addition ☐ Change TITLE Delete TITLE Fr Carl Pulvermacher NAME SCHMIDBERGER, FRANZ NAME 4590 SW 65th Avenue HIOTINGERGASSENIES CHIOSS JA STREET ADDRESS STREET ADDRESS Davie, FL 33314-4315 CITY-ST-ZIP CITY-ST-ZIP 1002011NVSBROCK, 1409TRIA TITLE Delete TITLE Change ☐ Addition NAME FELLAY: BERNARD --- --NAME STREET ADDRESS STREET ADDRESS CH-6313 CITY-ST-ZIP CITY-ST-ZIP MENZINGEN, SWITZERLAND TITLE ☐ Delete TITLE Change Addition NAME SELEGNY, ARNAUD NAME STREET ADDRESS STREET ADDRESS CH-6313 CITY-ST-ZIP CITY-ST-ZIP MENZINGEN, SWITZERLAND TITLE ☐ Delete TITLE Change Addition NAME LAISNEY, FRANSAIS F NAME STREET ADDRESS STREET ADDRESS CH-6313 CITY-ST-ZIP CITY-ST-ZIP MENZINGEN, SWITZERLAND RI TITLE Change ☐ Addition ☐ Delete TITLE NAME SCOTT, PETER NAME STREET ADDRESS STREET ADDRESS 2918 TRACY AVE. CITY-ST-ZIP CITY-ST-ZIP KANSAS CITY MO 64109 Change Addition DS Delete TITLE TITLE NAME NAME BECK, GERARD

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

2918 TRACY AVE.

KANSAS CITY MO 64109

STREET ADDRESS.

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AME OF SIGNING OFFICER OR DIRECTOR

(816)7559₽0073