

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90162 043 \*\*\*\*61.25

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**DOCUMENT # N93000001267**

1. Entity Name

**SOCIETY OF SAINT PIUS X, LAKE WORTH, FLORIDA, IN C.**

Principal Place of Business

Mailing Address

**4827 COCONUT ROAD SOUTH  
 LAKE WORTH FL 33461**

**406 NORTH O STREET  
 LAKE WORTH FL 33460  
 US**

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

**65-0395005**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHREIBER, GERARD M  
 406 NORTH O ST  
 LAKE WORTH FL 33460**

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, 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 **D**  Delete  
 NAME **SCHMIDBERGER, FRANZ**  
 STREET ADDRESS **CH-6313**  
 CITY-ST-ZIP **MENZINGEN, SWITZERLAND SW**

TITLE **D**  Change  Addition  
 NAME **Fr. Carl Pulvermacher**  
 STREET ADDRESS **4590 SW 65th Avenue**  
 CITY-ST-ZIP **Davie, FL 33314-4315**

TITLE **D**  Delete  
 NAME **FELLAY, BERNARD REV**  
 STREET ADDRESS **CH-6313**  
 CITY-ST-ZIP **MENZINGEN, SWITZERLAND**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DVP**  Delete  
 NAME **SELEGNY, ARNAUD FR**  
 STREET ADDRESS **CH-6313**  
 CITY-ST-ZIP **MENZINGEN, SWITZERLAND SW**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DT**  Delete  
 NAME **LAISNEY, FRANCOIS FR**  
 STREET ADDRESS **CH-6313**  
 CITY-ST-ZIP **MENZINGEN, SWITZERLAND SW**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D P**  Delete  
 NAME **SCOTT, PETER R FR**  
 STREET ADDRESS **2918 TRACY AVE.**  
 CITY-ST-ZIP **KANSAS CITY MO 64109**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DS**  Delete  
 NAME **BECK, GERARD J FR**  
 STREET ADDRESS **2918 TRACY AVE.**  
 CITY-ST-ZIP **KANSAS CITY MO 64109**

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: **FR GERARD J BECK** (Signature) **Beck** 01/15/2002 816-753-0073

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/01)