

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90223 018 *****70.00

DOCUMENT # N93000001716

1. Entity Name

SACRED HEART CONFERENCE, SOCIETY OF ST. VINCENT

Principal Place of Business

701 S.W. 6TH ST.
OKEECHOBEE FL 34974

Mailing Address

701 S.W. 6TH ST.
OKEECHOBEE FL 34974

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

59-1841673

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROUSSEL, ALDON E
31 FIFTH STREET
OKEECHOBEE FL 34974

7. Name and Address of New Registered Agent

Name

CABANSAY, EDILBERTO Z.

Street Address (P.O. Box Number is Not Acceptable)

2361 SE 27TH STREET

City

OKEECHOBEE,

FL

Zip Code

34974

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 EDILBERTO Z. CABANSAY-TREASURER

APRIL 17, 2001

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 DP
NAME HARWAS, OLIVER
STREET ADDRESS 2245 SW 3RD. CT.
CITY-ST-ZIP OKEECHOBEE FL 34974 ☐ Delete

TITLE DV
NAME CABANSAY, EDILBERTO
STREET ADDRESS 2361 SE 27 ST.
CITY-ST-ZIP OKEECHOBEE FL 34974 ☐ Delete

TITLE DS
NAME BLAIR, CATHLEEN
STREET ADDRESS 2365 S.W. 22ND CIRCLE
CITY-ST-ZIP OKEECHOBEE FL 34974 ☐ Delete

TITLE DT
NAME ROUSSEL, ALDON E
STREET ADDRESS 31 FIFTH STREET
CITY-ST-ZIP OKEECHOBEE FL 34974 ☐ Delete

TITLE D
NAME DUFFY, FR. HUGH
STREET ADDRESS 701 S.W. 6TH ST.
CITY-ST-ZIP OKEECHOBEE FL 34974 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE V/T
NAME CABANSAY, EDILBERTO
STREET ADDRESS 2361 se 27TH STREET
CITY-ST-ZIP OKEECHOBEE, FL. 34974 ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: EDILBERTO Z. CABANSAY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 17/01

Date

Daytime Phone #

863-763-3727

CR2E037 (10/00)