

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002626

1. Entity Name

RESURRECTION CATHOLIC SCHOOL ENDOWMENT FUND, INC

Principal Place of Business

3720 OLD HIGHWAY 37  
LAKELAND FL 33813

Mailing Address

3720 OLD HIGHWAY 37  
LAKELAND FL 33813

2. Principal Place of Business

3720 Old Highway 37

Suite, Apt. #, etc.

3. Mailing Address

3855 South Florida Ave.

Suite, Apt. #, etc.

City & State

Lakeland FL

City & State

Lakeland FL

Zip  
33813

Country  
USA

Zip  
33813-1109

Country  
USA

4. FEI Number

59-3210586

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PARKS, JOHN P  
WENDEL CHRITTON & PARKS, CHARTERED  
5300 SOUTH FLORIDA AVENUE  
LAKELAND FL 33813

7. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CAMPISI, SAL 5335 WOODHAVEN LN LAKELAND FL 33813	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT CAPP, LINDA 4994 SOUTH FORK DR LAKELAND FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WORTMAN, JOSEPH 5063 WINDOVER LANE LAKELAND FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, CHARLES 1225 JEFFERSON DR LAKELAND FL 33803	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELLO, MATTHEW G 3720 OLD HWY 37 LAKELAND FL 33813	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT Matthew Cory 325 Palmola St. Lakeland FL 33803-2244	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3855 South Florida Ave. Lakeland FL 33813-1109	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

*Matthew G. Mello*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Matthew G. Mello

3/25/2000

(863) 646-3556

Date

Daytime Phone #

FILED  
Mar 30, 2000 8:00 am  
Secretary of State

03-30-2000 90015 031 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)