

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002663

1. Entity Name

ST. ANTHONY'S CATHOLIC SCHOOL ENDOWMENT FUND, IN

FILED
Jul 21, 2000 8:00 am
Secretary of State

07-21-2000 90155 002 ****70.00

Principal Place of Business

820 MARCUM RD.
LAKELAND FL 33809

Mailing Address

P.O. BOX 90164
LAKELAND FL 33804

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

59-3225794

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 S. FLORIDA AVE.
LAKELAND FL 33813

7. Name and Address of New Registered Agent

Name
WENDEL CHRITTON PARKS & DEBARI CHARTERED
Street Address (P.O. Box Number is Not Acceptable)
WENDEL CHRITTON PARKS & DEBARI CHARTERED
5300 S FLORIDA AVENUE
City
LAKELAND FL Zip Code
33813

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.

WENDEL CHRITTON PARKS & DEBARI CHARTERED, a Florida professional service corporation

SIGNATURE by: *John Paul Parks* John Paul Parks, V.P. 7/17/2000
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

After September 13, 2000 min. will be \$236.25

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	PD	<input type="checkbox"/> Delete
NAME	CUNNINGHAM, VIANNEY J REV	
STREET ADDRESS	820 MARCUM RD	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PATRICK, MICHAEL (SISTE	
STREET ADDRESS	820 MARCUM RD	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	THOMPSON, JOHN	
STREET ADDRESS	1311 HAMMOCK DRIVE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LAUSELL, CATHY	
STREET ADDRESS	6135 CHAROLIAS DRIVE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GILLEN, MATHHEW	
STREET ADDRESS	1135 W. GREENWOOD	
CITY-ST-ZIP	LAKELAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *John Paul Parks* REV. VIANNEY CUNNINGHAM, T.O.R. (863)858-8047
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date Daytime Phone #

CR2E037 (5/00)