

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003205

1. Entity Name

CATHOLIC CHARITIES HOUSING, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90002 044 ****70.00

Principal Place of Business

Mailing Address

6533 9TH AVE N
ST PETERSBURG FL 33710

6533 9TH AVE N
ST PETERSBURG FL 33710-6215

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

59-3201112

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

DIVITO, JOSEPH A
4514 CENTRAL AVE
ST PETERSBURG FL 33711

Name

Joseph A Di Vito

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

DI VITO & HIGHAM, P.A.

City

4514 CENTRAL AVE

ST. PETERSBURG

FL

Zip Code

33711

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 NAME STREET ADDRESS CITY-ST-ZIP	D FORBES, JEFFORY C 6533 9TH AVE. N., SUITE 1-E ST PETERSBURG FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SULT, ROBERT 6533 9TH AVENUE NORTH ST. PETERSBURG FL 33710	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D GILES, JOEL 6 533 9TH AVE. N., SUITE 1-E ST PETERSBURG FL 33710	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D WILSON, TOM 6533 9TH AVE. N. SUITE 1-E ST PETERSBURG FL 33710	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KENNETH BURKE	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SO P/D SULTE, ROBERT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNETH BURKE 6533 9TH AVE. N., SUITE 1-E ST. PETERSBURG FL 33710	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D JAMGT SELVEY 6533 9TH AVE. N., SUITE 1-E ST. PETERSBURG, FL 33710	<input type="checkbox"/> Change <input checked="" 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

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 life empowered.

SIGNATURE: Robert Sult
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/13/00

(727) 893-1314

Date

Daytime Phone #

CR2E037 (9/99)