

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90029 039 ****70.00

DOCUMENT # N93000003205

1. Entity Name

CATHOLIC CHARITIES HOUSING, INC.

Principal Place of Business

Mailing Address

**6533 9TH AVE N
ST PETERSBURG FL 33710**

**6533 9TH AVE N
ST PETERSBURG FL 33710**

2. Principal Place of Business

3. Mailing Address

1213 16th Street North

1213 16th Street North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

4. FEI Number

59-3201112

Applied For

Not Applicable

Zip

33705

Country

USA

Zip

33705

Country

USA

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DIVITO, JOSEPH A
DIVITO & HIGHAM, PA
4514 CENTRAL AVENUE
ST PETERSBURG FL 33711**

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 **SD** ☐ Delete
NAME **FORBES, JEFFORY C**
STREET ADDRESS **6533 9TH AVE. N., SUITE 1-E**
CITY-ST-ZIP **SAINT PETERSBURG FL 33710**

TITLE **SD** ☒ Change ☐ Addition
NAME **Forbes, Jeffory**
STREET ADDRESS **1213 16th Street North**
CITY-ST-ZIP **St. Petersburg, FL 33705**

TITLE **VD** ☐ Delete
NAME **DUFKE, JOHN**
STREET ADDRESS **6533 9TH AVENUE NORTH**
CITY-ST-ZIP **ST. PETERSBURG FL 33710**

TITLE **VD** ☒ Change ☐ Addition
NAME **Dufek, John**
STREET ADDRESS **1213 16th Street North**
CITY-ST-ZIP **St. Petersburg, FL 33705**

TITLE **PD** ☐ Delete
NAME **BURKE, KENNETH**
STREET ADDRESS **6533 9TH AVE. N, SUITE 1E**
CITY-ST-ZIP **ST PETERSBURG FL 33710**

TITLE **PD** ☒ Change ☐ Addition
NAME **Burke, Kenneth**
STREET ADDRESS **1213 16th Street North**
CITY-ST-ZIP **St. Petersburg, FL 33705**

TITLE **TD** ☐ Delete
NAME **SELVEY, JAMES**
STREET ADDRESS **6533 9TH AVE.N. SUITE 1-E**
CITY-ST-ZIP **ST PETERSBURG FL 33710**

TITLE **TD** ☒ Change ☐ Addition
NAME **Selvey, James**
STREET ADDRESS **1213 16th Street North**
CITY-ST-ZIP **St. Petersburg, FL 33705**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffory Forbes

727-893-1313

Date

Daytime Phone #

CR2E037 (9/01)