

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N93000003648**

1. Entity Name

**OUR LADY OF MT CARMEL  
NATIONAL CATHOLIC CHURCH**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 NOV 30 PM 2:02

Principal Place of Business

Mailing Address

**4918 NW 55th CT  
TAMARAC, FL 33319**

**SAME**

2. Principal Place of Business

**4918 NW 55th CT**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

City & State

**TAMARAC FL**

City & State

4. FEI Number

**650193726**

Applied For

Not Applicable

Zip

**33319**

**USA**

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**JOHN J. SPICER  
4918 NW 55th CT  
TAMARAC, FL 33319**

7. Name and Address of New Registered Agent

Name

**JOHN J. SPICER**

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

**4918 NW 55th CT**

**400003497134-7**

City

**TAMARAC**

**-12/12/00**

**\*\*\*\*245.00**

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]*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**11/26/00**

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 **D** PRESIDENT ☐ Delete  
NAME **JOHN J. SPICER**  
STREET ADDRESS **6223 16th WAY So. Lot #627**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33415**

TITLE **D** PRESIDENT ☐ Change ☐ Addition  
NAME **JOHN J. SPICER**  
STREET ADDRESS **4918 NW 55th CT**  
CITY-ST-ZIP **TAMARAC, FL 33319**

TITLE **D** VICE PRESIDENT ☒ Delete  
NAME **TERRY G. VILLABE**  
STREET ADDRESS **3459 PIERCE ST.**  
CITY-ST-ZIP **HOLLYWOOD, FL 33021**

TITLE **D** VICE PRESIDENT ☒ Change ☐ Addition  
NAME **DOMINIC J. PIRO**  
STREET ADDRESS **4918 NW 55th CT**  
CITY-ST-ZIP **TAMARAC, FL 33319**

TITLE **D** SECRETARY ☒ Delete  
NAME **JOSEPH GALANTE**  
STREET ADDRESS **21 S.E. 8th ST**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **D** SECRETARY ☐ Change ☒ Addition  
NAME **JOEL CAREY**  
STREET ADDRESS **3089 N. OAKLAND FOREST DRIVE #204**  
CITY-ST-ZIP **OAKLAND PARK, FL 33309**

TITLE **T** TREASURER ☐ Delete  
NAME **KAREN SPICER GEMIGNANI**  
STREET ADDRESS **5780 PLANTATION RD.**  
CITY-ST-ZIP **PLANTATION, FL 33321**

TITLE **T** TREASURER ☐ Change ☐ Addition  
NAME **KAREN L. GEMIGNANI**  
STREET ADDRESS **5780 PLANTATION RD**  
CITY-ST-ZIP **PLANTATION, FL 33321**

TITLE **T** BOARD MEMBER ☐ Delete  
NAME **DOMINIC J. PIRO**  
STREET ADDRESS **28 PICKWICK PARK DRIVE EAST**  
CITY-ST-ZIP **GREENACRES, FL 33463**

TITLE **T** BOARD MEMBER ☒ Change ☐ Addition  
NAME **ELIZABETH COLEMAN**  
STREET ADDRESS **550 NW 203rd ST**  
CITY-ST-ZIP **MIAMI, FL 33169**

TITLE **T** BOARD MEMBER ☐ Delete  
NAME **ELIZABETH COLEMAN**  
STREET ADDRESS **550 NW 203 ST**  
CITY-ST-ZIP **MIAMI, FL 33169**

TITLE **T** BOARD MEMBER ☐ Change ☒ Addition  
NAME **ROCCO BOWELL**  
STREET ADDRESS **3089 N. OAKLAND FOREST DRIVE #204**  
CITY-ST-ZIP **OAKLAND PARK FL 33309**

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]*

**11/26/00**

CR2E037 (9/99)