

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90959 023 ****70.00

DOCUMENT # N93000004889

1. Entity Name

ST. MARY'S TRADITIONAL ROMAN CATHOLIC CHURCH, IN

Principal Place of Business

**6323 14TH STREET WEST
 BRADENTON FL 34207
 US**

Mailing Address

**6323 14TH STREET WEST
 BRADENTON FL 34207
 US**

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

65-0445522

Applied For

Not Applicable

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

**GUMIENNY, RT. REV MSGR R
 5011 VILLAGE GARDENS DRIVE
 SARASOTA FL 34234**

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 NAME STREET ADDRESS CITY-ST-ZIP	PT GUMIENNY, RT REV MSGR RO 5011 VILLAGE GARDENS DRIVE SARASOTA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVP MALONEY, JACK 6620 GEORGIA AVENUE WEST BRADENTON FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STTD PINTZOW, HERMAN 3223 N LOCKWOOD RG. RD #198 SARASOTA FL 34234	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PINTZOW, REBECCA J 3223 LOCKWOOD RIDGE RD., #198 SARASOTA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CRAWFORD, DON 2854 BROWNING STREET SARASOTA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCMONACLE, JAMES 121 TIDEWATER DR BRADENTON FL 34210	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	GUMIENNY, MOST REV ROBERT J, BISHOP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT CARDENAS, MOST REV FRANCIS A, BISHOP 832 FILLMORE ST. GARY, IN. 46402	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOPPER, J. BRENT 12 WEST 15TH STREET CHICAGO HEIGHTS, IL 60411	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KERR, ROBERT L 2442 BAY ST. SARASOTA, FL. 34237	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT	<input checked="" 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: *Robert J. Gumieny* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-01

Date

941-939-6300

Daytime Phone #

CR2E037 (10/00)

Document
#N93000004889

54537 **ST. MARY'S TRADITIONAL
ROMAN CATHOLIC CHURCH INC.**
6323 14TH STREET WEST
BRADENTON, FLORIDA 34207
PHONE: (941) 739-6300 FAX: (941) 753-5684

CONTINUATION SHEET

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COLUMN 11 - ADDITION

T
MASHBURN, EDWARD
346 BAYSIDE PARKWAY
NOKOMIS, FL. 34275