

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001123

1. Entity Name

HOLY CROSS SUBSIDIZED RETIREMENT HOUSING CENTER.

Principal Place of Business

1591 KIRK RD.  
WEST PALM BEACH FL 33406

Mailing Address

1591 KIRK RD.  
WEST PALM BEACH FL 33406-5701

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

65-0734977

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BREZNEN, REV. MICHAEL A  
9311 YEARLING  
LAKE WORTH FL 33467

7. Name and Address of New Registered Agent

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

TITLE DP ☐ Delete  
NAME BREZNEN, REV. MICHAEL  
STREET ADDRESS 9311 YEARLING  
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE DV ☒ Delete  
NAME COUGHLIN, JOHN  
STREET ADDRESS 4704 LUCERNE LAKES BLVD., APT. 101  
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE DT ☐ Delete  
NAME HOFFER, RANDAL  
STREET ADDRESS 308 PINEHURST RD  
CITY-ST-ZIP PALM SPRINGS FL 33461

TITLE DS ☒ Delete  
NAME GUINN, MARIE  
STREET ADDRESS 3531 D-1 PINETREE COURT  
CITY-ST-ZIP LAKE WORTH FL 33463

TITLE D ☐ Delete  
NAME RICHTER, MARTY  
STREET ADDRESS 2915 APT. B, ASHLEY DRIVE WEST  
CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE DV ☒ Change ☐ Addition  
NAME James Robinson  
STREET ADDRESS 2461 Village Blvd #105  
CITY-ST-ZIP W. Palm Beach FL 33409

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

TITLE DS ☒ Change ☐ Addition  
NAME Doris Hansen  
STREET ADDRESS 2357 Caroma Lane  
CITY-ST-ZIP W. Palm Beach, FL 33415

TITLE ☐ Change ☐ Addition  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/00

561-965-4622

FILED  
Feb 17, 2000 8:00 am  
Secretary of State

02-17-2000 90005 001 \*\*\*\*70.00

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DO NOT WRITE IN THIS SPACE