

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90078 030 *****70.00

DOCUMENT # N94000005549

1. Entity Name

ST. ANTHONY'S COMMUNITY HOMES, INC.

Principal Place of Business

Mailing Address

**3628 DAISY AVENUE
 PALM BEACH GARDENS FL 33410
 US**

**19938 WILKINSON LEAS ROAD
 TEQUESTA FL 33469**

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

65-0527683

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

Name

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

**KOLAR, JAMES
~~1200 SURF ROAD~~
~~SINGER ISLAND FL 33404~~**

**19938 Wilkinson Leas Road
 Tequesta FL 33469**

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)

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** ☐ Delete
 NAME **KOLAR, JAMES**
 STREET ADDRESS **~~1200 SURF ROAD~~**
 CITY-ST-ZIP **~~SINGER ISLAND FL 33404~~**

TITLE ☒ Change ☐ Addition
 NAME **19938 Wilkinson Leas Rd**
 STREET ADDRESS **Tequesta FL 33469**
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **SMITH, DONALD**
 STREET ADDRESS **11891 U.S. HWY. #1**
 CITY-ST-ZIP **NORTH PALM BEACH FL 33418**

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

TITLE **D** ☐ Delete
 NAME **KOLAR, MARY**
 STREET ADDRESS **19938 WILKINSON LEAS ROAD**
 CITY-ST-ZIP **TEQUESTA FL 33469**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

4/17/02 (501) 743-9771
 Date Daytime Phone #

0037821

CR2E037 (9/01)