

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N95000003641**

1. Entity Name

THE FRANCISCANS OF FORT LAUDERDALE, INC.

Principal Place of Business

633 SE 3 AVE
SUITE 4R
FT LAUDERDALE FL 33301

Mailing Address

1785 NW 39TH PLACE
FORT LAUDERDALE FL 33309-4452

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KULATZ, CONRAD S.
633 SE 3 AVE
SUITE 4R
FT LAUDERDALE FL 33301

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 \$61.259. 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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
DO	SPINA, JOSEPH C	1785 NW 39TH PLACE	FORT LAUDERDALE FL 33309-4452				
DO	FILIPPELLI, ESTELLE C	6391 SAGEWOOD WAY	DELRAY BEACH FL 33484				
SD	SPINA, GENEVIEVE P	1510 SW 22 WAY	DEERFIELD BEACH FL 33442				
TD	SPINA, ROSE P	1510 SW 22 WAY	DEERFIELD BEACH FL 33442				

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

01-07-02

954-731-8173

FILED
Jan 10, 2002 8:00 am
Secretary of State

01-10-2002 90014 012 ****61.25

B0001639



DO NOT WRITE IN THIS SPACE

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

0028986

CH2E037 (9/01)