

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001003

1. Entity Name

GOOD SHEPHERD CORPORATION OF ORLANDO, INC.

Principal Place of Business

597-9 BABLONICA DR.
ORLANDO FL 32807

Mailing Address

597-9 BABLONICA DR.
ORLANDO FL 32807

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

59-3379851

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

WEBBER, DALE S ESQ.
401 E JACKSON ST
STE 2500
TAMPA FL 33602

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 P ☐ Delete
NAME LAWLOR, MARY BRIGID
STREET ADDRESS 504 HEXTON HILL RD
CITY-ST-ZIP SILVER SPRG MD

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

TITLE VP ☐ Delete
NAME BAXTER, MARY ROSARIA
STREET ADDRESS 4100 MAPLE AVE
CITY-ST-ZIP BALTIMORE MD

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

TITLE ST ☐ Delete
NAME MASSEAI, MARY CATHERINE
STREET ADDRESS 4100 MAPLE AVE
CITY-ST-ZIP BALTIMORE MD

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

TITLE D ☐ Delete
NAME CLANCY, MARY LORETTA
STREET ADDRESS 5356 CHEW AVE
CITY-ST-ZIP PHILADELPHIA PA

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

TITLE D ☐ Delete
NAME KAHL, MARILYN
STREET ADDRESS 3244 WANDA WOODS DR
CITY-ST-ZIP DORAVILLE GA

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
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

3/20/00

Date

301-622-6838

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)