

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003222

1. Entity Name

THE SAINT MARIA GORETTI GUILD, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90002 008 ****70.00

Principal Place of Business
5203 SW 20TH STREET
6544 S.W. SR 200
OCALA FL 34476
US

Mailing Address
PO BOX 770703
6544 S.W. SR 200
OCALA FL 34477-0703
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3395926

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BULLARD, J. WARREN
121 N.W. THIRD STREET
OCALA FL 34475

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 - 70.00

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	TD POLK, DOLORES 5293 N.W. 19TH PLACE OCALA FL 34482	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARIEPY, GEORGE 11555 S.W. 71ST TERRACE ROAD OCALA FL 34476	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARIEPY, DOLORES 11555 S.W. 71ST TERRACE ROAD OCALA FL 34476	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KISOREWICH, JEAN 5511 N.W. 80TH AVENUE ROAD OCALA FL 34482	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PODLASKI, JOHN 2721 S.E. 23RD AVENUE OCALA FL 34471	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'BRIEN, WILLIAM 4880 SW 36TH ST OCALA FL 34474	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rev Patrick J. O'Doherty 6455 SW SR 200 Ocala, FL 34476	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D President + D Patrick Devine 6868 SW 111th Loop Ocala, FL 34476	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rose Devine 6868 SW 111 Loop Ocala, FL 34476	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John Infante 8506 E SW 93 Street Ocala, FL 34481	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Donna Infante 8506 E SW 93 Street Ocala, FL 34481	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Secretary - D Michelle Dallaire 6091 SW 80th Street Ocala, FL 34476	<input type="checkbox"/> Change <input checked="" 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: Dolores Polk Dolores Polk April 1, 2000 352-402-9404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)