

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003222

1. Entity Name

THE SAINT MARIA GORETTI GUILD, INC.

FILED

May 05, 2002 8:00 am
Secretary of State

05-05-2002 90017 028 ****61.25

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 34477-703
US

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

59-3395926

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

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

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 TD
STREET ADDRESS POLK, DOLORES
CITY-ST-ZIP 5293 N.W. 19TH PLACE
OCALA FL 34482 ☐ Delete

TITLE
NAME Joan Luong
STREET ADDRESS 11586 SW 69th Circle
CITY-ST-ZIP Ocala FL 34476 ☐ Change ☐ Addition

TITLE
NAME D
STREET ADDRESS O'DOHERTY, PATRICK J
CITY-ST-ZIP 6455 SW SR 200
OCALA FL 34476 ☐ Delete

TITLE
NAME Secretary
STREET ADDRESS Donna Inlande
CITY-ST-ZIP 8506-E 93rd St
Ocala, FL 34481 ☐ Change ☐ Addition

TITLE
NAME P
STREET ADDRESS INFLANDE, JOHN
CITY-ST-ZIP 8506 E SW 93RD ST
OCALA FL 34481 ☐ Delete

TITLE
NAME Frank Mattucci
STREET ADDRESS 5116 NW 21st Loop
CITY-ST-ZIP Ocala, FL 34482 ☐ Change ☐ Addition

TITLE
NAME D
STREET ADDRESS LLUONGO, EDWARD
CITY-ST-ZIP 11586 SW 69TH CIR
OCALA FL 34476 ☐ Delete

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

TITLE
NAME D
STREET ADDRESS PODLASKI, JOHN
CITY-ST-ZIP 2721 S.E. 23RD AVENUE
OCALA FL 34471 ☐ Delete

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

TITLE
NAME D
STREET ADDRESS O'BRIEN, WILLIAM
CITY-ST-ZIP 4880 SW 36TH ST
OCALA FL 34474 ☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 23 2002

Date

352-412-9404

Daytime Phone #

CR2E037 (9/01)