**FILED** 

03-27-2001 90019 034 \*\*\*\*61.25

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # N9700003575

1. Entity Name

SOCIETY OF SAINT PIUS X, VERO BEACH, FLORIDA, IN

Principal Place of Business

Mailing Address

1305 OLD DIXIE HWY SW VERO BEACH FL 32962

1305 OLD DIXIE HWY SW VERO BEACH FL 32962

2. Principal Place of Business  Suite, Apt. #, etc.  City & State		3. Mailing Address  Suite, Apt. #, etc.  City & State			DO NOT WRITE IN THIS SPACE			
				4. FEI Numb	6E-0772220 IIII		applied For	
Zip	Country	Zip	Country	5. Certificate	e of Status Desired	\$8.75 Ac	ditional	
	6. Name and Address of Current I	Registered Agent	" I.	7. Name and	Address of New Registered	Agent		
			Name.					
DEELY, FRANK MR 136 21ST AVE VERO BEACH FL 32962			Street A	Street Address (P.O. Box Number is Not Acceptable)				
			City	City FL Zip Code				
FILE NOW: 9. Election Campa			n Financing	\$5.00 May Be Added to Fees	Make Check		o	
	FEE IS \$61.25	Trade Grad Contra		Added to rees	Departmen	ii Vi State		
10.	OFFICERS AND DIR	ECTORS	11,	ADDITIONS/CH	IANGES TO OFFICERS AND D	IRECTORS I	N 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PULVERMACHER, CARL JR 4590 SW 65TH AVE. DAVIE FL 33314-4315	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CH-6313	nard Fellay Switzerland	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHMIDBERGER, FRANZ HOTTINGERGASSE 14 6020 INNSBRUCK,AUSTRIA	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SELEGNY, ARNAUD CH-6313 MENZINGEN, SWITZERLAND	□ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			- Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LAISNEY, FRANCOIS CH-6313 MENZINGEN, SWITZERLAND	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE	PD ·	□ Delete	TITLE	<del></del>		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

CITY-ST-ZIP

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY - ST-ZIP

SCOTT, PETER

DS

2918 TRACY AVE

BECK, GERARD J

2918 TRACY AVE

KANCAS CITY MO 64109

KANSAS CITY MO 64109

REQUEREGERAND J. Beck Secretary

☐ Delete

3 - 23 - 01

816-753-0073

☐ Addition