

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000003575**

1. Entity Name

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

Principal Place of Business

**1305 OLD DIXIE HWY SW
VERO BEACH FL 32962**

Mailing Address

**1305 OLD DIXIE HWY SW
VERO BEACH FL 32962**

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

65-0772230

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

**DEELY, FRANK MR
136 21ST AVE
VERO BEACH FL 32962**

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	D	<input type="checkbox"/> Delete
NAME	PULVERMACHER, CARL JR	
STREET ADDRESS	4590 SW 65TH AVE.	
CITY-ST-ZIP	DAVE FL 33314-4315	

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bishop Bernard Fellay	
STREET ADDRESS	CH-6313	
CITY-ST-ZIP	Menzingen, SWITZERLAND	

TITLE	D	<input type="checkbox"/> Delete
NAME	SCHMIDBERGER, FRANZ	
STREET ADDRESS	HOTTINGERGASSE 14 6020	
CITY-ST-ZIP	INNSBRUCK, AUSTRIA	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VPD	<input type="checkbox"/> Delete
NAME	SELEGNY, ARNAUD	
STREET ADDRESS	CH-6313	
CITY-ST-ZIP	MENZINGEN, SWITZERLAND	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input type="checkbox"/> Delete
NAME	LAISNEY, FRANCOIS	
STREET ADDRESS	CH-6313	
CITY-ST-ZIP	MENZINGEN, SWITZERLAND	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Delete
NAME	SCOTT, PETER	
STREET ADDRESS	2918 TRACY AVE	
CITY-ST-ZIP	KANCAS CITY MO 64109	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DS	<input type="checkbox"/> Delete
NAME	BECK, GERARD J	
STREET ADDRESS	2918 TRACY AVE	
CITY-ST-ZIP	KANSAS CITY MO 64109	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Gerard J Beck
Secretary

02/12/02

816-753-0073

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)