2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N9700003575**

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

C.

Principal Place of Business

Mailing Address

FILED Feb 25, 2002 8:00 am Secretary of State

02-25-2002 90033 049 ****61.25

2. Principal Page of Business Suite. April K. etc. Suite. April	1305 OLD DIXIE HWY SW VERO BEACH FL 32962		1305 OLD DIXIE HWY SW VERO BEACH FL 32962			
Sulfe, Apt. #, etc. Sulfe, Apt. #, etc. Sulfe, Apt. #, etc. City & State	9 Principal (Diago of Dusings	La Mailier Address			
City & State Country Country Country Country Country Country Country Country Solution Solution Solution Solution Solution Solution Solution Solution Solution Street Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City	2. Principal Place of Business		3. Mailing Address		L HERITIAN 1917 ISPAT ISPAT DON'T BOTT EBATT BOTT BATT OF THE DISTRICTION SEATS	
Section Sect	Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
Country Zp Country S, Carrificate of Status Deeired SS, 75 Auditional Pre-Requised S. Carrificate of Status Deeired SS, 75 Auditional Pre-Requised Status Deeired Decirio Status Deeired Status Deeired Status Deeired Status Deeired Status Deeired Status Deeired Decirio Status Deeired Status Deeired Decirio Status Decirio Sta	City & State		City & State		65.0773030	
DEELY, FRANK MR 139 21ST AVE VERO BEACH FL 32982 City FL Zip Code	Zip	Country	Zip	Country		
DEELY, FRANK MR 139 2 1ST AVE VERO BEACH FL 32982 City FL Zip Code 8. The above named antity submits this statement for the purpose of changing its registered office or registered agent, or doth, in the state of Florida. SIGNATURE Synthetic bloom based or production of registered agent and the Happengere Apert synthetic production. PLE NOW: FEE IS 361:26 Trust Fund Contribution. Department of State 10. OFFICERS AND DIRECTORS Trust Fund Contribution. Department of State 10. OFFICERS AND DIRECTORS IN 10 TITLE DRIVERMACHER, CARL JR STREET ADDRESS OTH-51-2P DAVIE FL 33314-4315 TITLE STREET ADDRESS OTH-51-2P ONLY FEE IS 361-26 TRUST OFFICERS AND DIRECTORS IN 10 Delate TITLE DAVIE FL 33314-4315 TITLE STREET ADDRESS OTH-51-2P ONLY FEE IS 361-26 TRUST OFFICERS AND DIRECTORS IN 10 Delate TITLE DRIVERMACHER, CARL JR STREET ADDRESS OTH-51-2P ONLY FEE IS 361-26 TRUST OFFICERS AND DIRECTORS IN 10 Delate TITLE DAVIE FL 33314-4315 TITLE STREET ADDRESS OTH-51-2P ONLY FEE IS 361-26 TRUST OFFICERS AND DIRECTORS IN 10 Delate TITLE STREET ADDRESS OTH-51-2P ONLY FEE IS 361-26 TRUST OFFICERS AND DIRECTORS IN 10 Delate TITLE STREET ADDRESS OTH-51-2P ONLY FEE IS 361-26 TRUST OFFICERS AND DIRECTORS IN 10 Delate TITLE STREET ADDRESS OTH-51-2P OTH-51-2P TITLE PD Delate TITLE Delate TITLE Delate TITLE Delate TITLE DELATED DE		6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	
ISQ 21ST AVE VERO BEACH FL 32982 City FL Zip Code Code City FL Zip Code Code Code Code Code Code Code Code City FL Zip Code Code Code Code Code Code City				Name	•	
E. The above named entity submits this statement for the purpose of changing its registered algent, or both, in the state of Florida. SIGNATURE SIGNATUR	DELLI, I ROWN WIT		Address (P.O. Box Number is Not Acceptable)			
B. 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 Signave hipsel or protect name of registered agent and she if applicable. (NOTE: Registered Agent agentare registered agent, or both, in the state of Florida. Signave hipsel or protect name of registered agent and she if applicable. (NOTE: Registered Agent agentare registered when rethretting) DATE						
SIGNATURE Symbol	VENO BE	10/11 C 32502		City	FL Zip Code	
FILE NOW: FEETS \$61:26 - 9-Election Carm/palign/Financings Addition Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE D	8. The above	e named entity submits this statement fo	r the purpose of changing its re	egistered office o	or registered agent, or both, in the state of Florida.	
FILE NOW: FEETS \$61:26 - 9-Election Carm/palign/Financings Addition Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE D						
FILE NOW: FEE IS \$61:26 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE D PULVERMACHER, CARL JR STREET ADDRESS S						
10. OFFICERS AND DIRECTORS ITTLE D PULVERMACHER, CARL JR 4590 SW 65TH AVE. CITY-ST-ZIP DAVIE FL 33314-4315 TITLE D SCHMIDBERGER, FRANZ SIRET ADDRESS CITY-ST-ZIP TITLE VPD SELEGNY, ARNAUD STREET ADDRESS CITY-ST-ZIP TITLE UASINETY, FRANCOIS CITY-ST-ZIP TITLE D SELEGNY, SWITZERLAND TITLE TD LAISNEY, FRANCOIS CITY-ST-ZIP TITLE D SCHMIDBERGER, SWITZERLAND TITLE VPD SELEGNY, ARNAUD SE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
10. OFFICERS AND DIRECTORS ITTLE D PULVERMACHER, CARL JR 4590 SW 65TH AVE. CITY-ST-ZIP DAVIE FL 33314-4315 TITLE D SCHMIDBERGER, FRANZ SIRET ADDRESS CITY-ST-ZIP TITLE VPD SELEGNY, ARNAUD STREET ADDRESS CITY-ST-ZIP TITLE UASINETY, FRANCOIS CITY-ST-ZIP TITLE D SELEGNY, SWITZERLAND TITLE TD LAISNEY, FRANCOIS CITY-ST-ZIP TITLE D SCHMIDBERGER, SWITZERLAND TITLE VPD SELEGNY, ARNAUD SE						
10. OFFICERS AND DIRECTORS ITTLE D PULVERMACHER, CARL JR 4590 SW 65TH AVE. CITY-ST-ZIP DAVIE FL 33314-4315 TITLE D SCHMIDBERGER, FRANZ SIRET ADDRESS CITY-ST-ZIP TITLE VPD SELEGNY, ARNAUD STREET ADDRESS CITY-ST-ZIP TITLE UASINETY, FRANCOIS CITY-ST-ZIP TITLE D SELEGNY, SWITZERLAND TITLE TD LAISNEY, FRANCOIS CITY-ST-ZIP TITLE D SCHMIDBERGER, SWITZERLAND TITLE VPD SELEGNY, ARNAUD SE		FILE NOW: FEE IS \$61.25	Trust Fund Co	oaign'i-inancing⊆ ntribution	S5:00 May Be Make Check Payable to Added to Fees Department of State	
TITLE DULYERMACHER, CARL JR 9ULVERMACHER, CARL JR 4590 SW 65TH AVE. DAVIE FL 33314-4315 TITLE DOLYTY-ST-ZIP DAVIE FL 33314-4315 TITLE DOLYTY-ST-ZIP DAVIE FL 33314-4315 TITLE DOLYTY-ST-ZIP TITLE NAME NINSBRUCK, AUSTRIA VPD SELEGNY, ARNAUD CH-6313 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NEW STREET ADDRESS CITY-ST-ZIP TITLE NAME ULAISNEY, FRANCOIS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STRE						
NAME STREET ADDRESS CITY-ST-ZIP D SCHMIDBERGER, FRANZ HOTTINGERGASSE 14 6020 CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE VPD SELEGNY, ARNAUD STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP SELEGNY, ARNAUD SIREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST						
SIRET ADDRESS CITY-ST-ZIP DAVIE FL 33314-4315 DAVIE FL 33314-4315 DAVIE FL 33314-4315 DITUE NAME STREET ADDRESS CITY-ST-ZIP TITLE VPD SELEGNY, ARNAUD CH-8313 CITY-ST-ZIP TITLE TD UASINEY, FRANCOIS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TD UASINEY, FRANCOIS CH-8313	1	1 -	□ Delete		_	
TITLE D Delete D	STREET ADDRESS	1		STREET ADDRESS	l e e e e e e e e e e e e e e e e e e e	
NAME SCHMIDBERGER, FRANZ STREET ADDRESS CITY-ST-ZIP HOTTINGERGASSE 14 6020 INNSBRUCK,AUSTRIA CITY-ST-ZIP TITLE VPD SELEGNY, ARNAUD CH-6313 CITY-ST-ZIP TITLE TITLE TITLE TITLE NAME SELEGNY, ARNAUD CH-6313 STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME UAISNEY, FRANCOIS STREET ADDRESS CITY-ST-ZIP NAME UAISNEY, FRANCOIS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TI	eCITY-ST-ZIP	<u> </u>		CITY-ST-ZIP		
STREET ADDRESS CITY-ST-ZIP INNSBRUCK,AUSTRIA TITLE VPD SELEGNY, ARNAUD CH-6313 CITY-ST-ZIP CH-6313 CITY-ST-ZIP TITLE TD LASNEY, FRANCOIS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME CH-6313 CITY-ST-ZIP TITLE NAME CH-6313 CITY-ST-ZIP NAME CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME SCOTT, PETER STREET ADDRESS CITY-ST-ZIP TITLE DS STREET ADDRESS CITY-ST-ZIP TITLE DS STREET ADDRESS CITY-ST-ZIP TITLE DS DS Delete STREET ADDRESS CITY-ST-ZIP TITLE DS DS DECK, GERARD J STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE DS STREET ADDRESS ST	Ι.	1-	☐ Delete		☐ Change ☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE PD Delete Delete TITLE NAME SCOTT, PETER STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DS STREET ADDRESS CITY-ST-ZIP TITLE DS STREET ADDRESS CITY-ST-ZIP TITLE DS STREET ADDRESS CITY-ST-ZIP TITLE DS SECK, GERARD J STREET ADDRESS	\ <u> </u>			4 ' · · · ·		
TITLE VPD Delete TITLE Change Addition NAME SELEGNY, ARNAUD NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TD Delete TITLE NAME LAISNEY, FRANCOIS NAME STREET ADDRESS CITY-ST-ZIP TITLE PD Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DS Delete TITLE DS Delete NAME STREET ADDRESS	ſ					
NAME STREET ADDRESS CITY-ST-ZIP TITLE PD STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE PD STREET ADDRESS CITY-ST-ZIP TITLE DS STREET ADDRESS	TITLE	<u> </u>	☐ Delete	TITLE	☐ Change ☐ Addition	
CITY-ST-ZIP MENZINGEN, SWITZERLAND TITLE TD NAME LAISNEY, FRANCOIS STREET ADDRESS CITY-ST-ZIP MENZINGEN, SWITZERLAND TITLE NAME SCOTT, PETER STREET ADDRESS CITY-ST-ZIP TITLE DS TITLE DS TITLE DS TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DS TITLE DS TITLE NAME STREET ADDRESS	NAME			NAME		
TITLE NAME LAISNEY, FRANCOIS Delete NAME NAME STREET ADDRESS CITY-ST-ZIP MENZINGEN, SWITZERLAND Delete TITLE Change Addition Addition NAME SCOTT, PETER STREET ADDRESS CITY-ST-ZIP KANCAS CITY MO 64109 Delete TITLE DS						
NAME STREET ADDRESS CITY-ST-ZIP MENZINGEN, SWITZERLAND CITY-ST-ZIP MENZINGEN, SWITZERLAND CITY-ST-ZIP MENZINGEN, SWITZERLAND CITY-ST-ZIP TITLE PD Change Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE DS TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DS DS Delete TITLE NAME STREET ADDRESS						
STREET ADDRESS CITY- ST-ZIP MENZINGEN, SWITZERLAND TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS			☐ Delete		Change Addition	
CITY-ST-ZIP MENZINGEN, SWITZERLAND CITY-ST-ZIP TITLE NAME SCOTT, PETER STREET ADDRESS CITY-ST-ZIP TITLE DS NAME STREET ADDRESS				n		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	CITY-ST-ZIP			CITY-ST-ZIP		
STREET ADDRESS CITY-ST-ZIP KANCAS CITY MO 64109 TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
CITY-ST-ZIP KANCAS CITY MO 64109 CITY-ST-ZIP TITLE DS Delete TITLE NAME BECK, GERARD J STREET ADDRESS STREET ADDRESS STREET ADDRESS				II		
TITLE DS Delete TITLE Change Addition NAME BECK, GERARD J STREET ADDRESS 2918 TRACY AVE STREET ADDRESS				II .		
NAME STREET ADDRESS STREET ADDRESS NAME STREET ADDRESS				 		
STREET ADDRESS 2918 TRACY AVE STREET ADDRESS		1	∟ Delete		☐ Change ☐ Addition	
		KANSAS CITY MO 64109		u ·		

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: Proficeratory Beckylok

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Secretary

02/12/02

Date

816-753-0073

Daytime Phone #