

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 11, 2002 8:00 am
Secretary of State

09-11-2002 90103 023 ****61.25

DOCUMENT # N970000004090

1. Entity Name

St. Joseph Benevolent Alliance

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

150 Kent Rd

Suite, Apt. #, etc.

2A

3. Mailing Address

150 Kent Rd

Suite, Apt. #, etc.

2A

City & State

Saint Augustine, FL

City & State

Saint Augustine, FL

4. FEI Number

59-3334865

Applied For

Not Applicable

Zip

32086

Country

USA

Zip

32086

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Donald J. Segui, Jr.

Street Address (P.O. Box Number is Not Acceptable)

34 Cordova St

City Saint Augustine

FL

Zip Code
32084

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

Donald J. Segui

Donald J. Segui, Jr.

09-04-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25
Initial or Amended UBR**

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Segui, Marci P 34 Cordova St St. Augustine, FL. 32084	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Caldwell, James D 6131 105th St Jacksonville, FL. 32244	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Segui, Donald J. Jr. D 34 Cordova St St. Augustine, FL. 32084	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Quigley, Jacob B. T/D 871 Viscaya Blvd St. Augustine, FL. 32086	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Capo, Arthur S 1815 Century Blvd St. Augustine, FL. 32084	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Jacob B. Quigley

Jacob B. Quigley

09-04-02 904-814-2041

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)