

2000 UNIFORM BUSINESS REPORT (UBR)

5.

FILED
Jun 08, 2000 8:00 am
Secretary of State

05-16-2000 90071 018 ****61.25

DOCUMENT # N97000005117

1. Entity Name

THE ST. FRANCIS CENTER INC.

Principal Place of Business

1233 45TH ST.
STE. 81
WEST PALM BEACH FL 33407

Mailing Address

1233 45TH ST.
STE. 81
WEST PALM BEACH FL 33407-2162

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

65-0774707

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KOHN, PATRICK L
416 41ST STREET
WEST PALM BEACH FL 33407

7. Name and Address of New Registered Agent

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

TITLE **Off** ☐ Delete
NAME **KOHN, PATRICK L**
STREET ADDRESS **416 41ST STREET**
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE **PD** ☒ Delete
NAME **BAUMAN, DAVID**
STREET ADDRESS **229 ONONDAGA**
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **Treasurer** ☐ Delete
NAME **SALTER, JOHN B**
STREET ADDRESS **708 NORTH J STREET**
CITY-ST-ZIP **LAKE WORTH FL 33480**

TITLE **Sec** ☐ Delete
NAME **LOVD, CM**
STREET ADDRESS **9729 QUAIL TR.**
CITY-ST-ZIP **JUPITER FL 33478**

TITLE **P** ☒ Delete
NAME **HAUGEJORDE, MARK**
STREET ADDRESS **183 BEACON LANE**
CITY-ST-ZIP **TEQUESTA FL 33469**

TITLE **D** ☒ Delete
NAME **JONAS, JEFF**
STREET ADDRESS **3204 MORNING GLORY COURT**
CITY-ST-ZIP **PALM BCH. GARDENS FL 33410**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Change ☒ Addition
NAME **Andrew Allen**
STREET ADDRESS **224 Datura St., #602**
CITY-ST-ZIP **West Palm Beach, FL 33401**

TITLE **VP** ☐ Change ☒ Addition
NAME **Charles Cochran**
STREET ADDRESS **276 Cordova Rd.**
CITY-ST-ZIP **West Palm Beach, FL 33401**

TITLE **Dia** ☐ Change ☒ Addition
NAME **Chris Smithers**
STREET ADDRESS **232 Angler**
CITY-ST-ZIP **Palm Beach, FL 33480**

TITLE **Dia** ☐ Change ☒ Addition
NAME **Marla Zondervan**
STREET ADDRESS **565 Holly Drive**
CITY-ST-ZIP **Palm Beach Gardens, FL 33410**

TITLE **Dia** ☐ Change ☒ Addition
NAME **Dana Mendelson**
STREET ADDRESS **P.O. Box 4032**
CITY-ST-ZIP **West Palm Beach, FL 33402**

TITLE **Dia** ☐ Change ☒ Addition
NAME **Tony Rangel**
STREET ADDRESS **208 Clematis St., #201**
CITY-ST-ZIP **West Palm Beach, FL 33401**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Patrick Kohn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patrick Kohn 4/28/00 561-844-0118

Date

Daytime Phone #

CR2E037 (9/99)