

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 01, 2001 8:00 am
Secretary of State

06-01-2001 90003 017 ****61.25

DOCUMENT # N97000005117

1. Entity Name

THE ST. FRANCIS CENTER INC.

Principal Place of Business

1233 45TH ST.
 STE. B1
 WEST PALM BEACH FL 33407

Mailing Address

1233 45TH ST.
 STE. B1
 WEST PALM BEACH FL 33407

772284



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

416 41st Street

3. Mailing Address

P.O. Box 8266

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Palm Beach

City & State

West Palm Beach

4. FEI Number

65-0774707

Applied For

Not Applicable

Zip

33407

Country

Palm Beach

Zip

33407

Country

Palm Beach

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

Name

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

City

FL

Zip Code

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

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	KOHN, PATRICK L	
STREET ADDRESS	416 41ST STREET	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BAUMAN, DAVID	
STREET ADDRESS	229 ONONDAGA	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SALTER, JOHN B	
STREET ADDRESS	708 NORTH J STREET	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE	DT	<input type="checkbox"/> Delete
NAME	LOYD, CM	
STREET ADDRESS	9729 QUAIL TR.	
CITY-ST-ZIP	JUPITER FL 33478	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HAUGEJORDE, MARK	
STREET ADDRESS	163 BEACON LANE	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JONAS, JEFF	
STREET ADDRESS	3204 MORNING GLORY COURT	
CITY-ST-ZIP	PALM BCH. GARDENS FL 33410	

TITLE	PRES.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES R. WEEKS	
STREET ADDRESS	433 28TH ST.	
CITY-ST-ZIP	WEST PALM BEACH, FL 33407	
TITLE	VP-Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GERALD GUILLEAULT	
STREET ADDRESS	208-34 STREET	
CITY-ST-ZIP	WEST PALM BEACH, FL 33407	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCOTT ADLESBERGER	
STREET ADDRESS	2081 PINSETTIA AVE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33407	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARLA ZONDERVAN	
STREET ADDRESS	565 HOLLY DR.	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUSAN VAREY	
STREET ADDRESS	427 41st ST.	
CITY-ST-ZIP	WEST PALM BEACH, FL 33407	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROY ERB	
STREET ADDRESS	312 PURITAN RD.	
CITY-ST-ZIP	WEST PALM BEACH, FL 33405	

CR2E037 (10/00)

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 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:

Signature of Patrick L. Kohn

May 29, 01

541-844-0118