

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 02, 2000 8:00 am
Secretary of State

03-08-2000 90017 036 ****61.25

DOCUMENT # *198000000678*
 1. Entity Name
**St. Vincent de Paul Society of
 Citrus/Hernando counties, Inc.**

Principal Place of Business Mailing Address
1291 Kass Circle, Spring Hill, Fl. 34606

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 **59-3495112** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Cesar Landaeta
2189 Orchard Park Drive
Spring Hill, Fl. 34608

7. Name and Address of New Registered Agent
 Name **Mr. Robert Frank**
 Street Address (P.O. Box Number is Not Acceptable) **1421 DeBorah Drive**
 City **Spring Hill FL** Zip Code **34609**

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 *Robert J Frank*
 Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	President	<input checked="" type="checkbox"/> Delete
NAME	Cesar Landaeta	
STREET ADDRESS	2189 Orchard Park Drive	
CITY-ST-ZIP	Spring Hill, Fl. 34608	
TITLE	Vice President	<input checked="" type="checkbox"/> Delete
NAME	Jan Amato	
STREET ADDRESS	7469 Del Rio Avenue	
CITY-ST-ZIP	Brooksville Fl. 34613	
TITLE	Corresponding Secretary	<input type="checkbox"/> Delete
NAME	Rita Rantine	
STREET ADDRESS	6383 Shadywood	
CITY-ST-ZIP	Ridge Manor West, Fl. 34602	
TITLE	Treasurer	<input checked="" type="checkbox"/> Delete
NAME	George Bissell	
STREET ADDRESS	1970 Landover Blvd.	
CITY-ST-ZIP	Spring Hill, Fl. 34608	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Frank	
STREET ADDRESS	1421 DeBorah Drive	
CITY-ST-ZIP	Spring Hill, Fl. 34609	
TITLE	Vice President D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Loretta Pearsall	
STREET ADDRESS	4 Pagoda Drive	
CITY-ST-ZIP	Homosassa, Fl. 34446	
TITLE	Corresponding Secretary D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rita Rantine	
STREET ADDRESS	6383 Shadywood	
CITY-ST-ZIP	Ridge Manor West, Fl. 34602	
TITLE	Recording Secretary T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ina Perkins	
STREET ADDRESS	2419 Hidden Trail Drive	
CITY-ST-ZIP	Spring Hill, Fl. 34606	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mary Ellen Lyczak	
STREET ADDRESS	4645 Mariner Blvd.	
CITY-ST-ZIP	Spring Hill, Fl. 34609	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ruth Fromosky T	
STREET ADDRESS	9096 Elbridge Rd	
CITY-ST-ZIP	Spring Hill Fl 34608	

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: *Robert J Frank*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)