

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90022 019 \*\*\*\*61.25

**DOCUMENT # N98000001664**

1. Entity Name

**SAINT AMBROSE HOME AND SCHOOL ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

363 SE 12TH AVE.  
 DEERFIELD BEACH FL 33441

363 SE 12TH AVE.  
 DEERFIELD BEACH FL 33441-4423

707082



DO NOT WRITE IN THIS SPACE

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

**NOT APPLICABLE**

Applied For  
 Not Applicable

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

**BIVANO, SALVATORE**  
**363 SE 12TH AVE.**  
**DEERFIELD BEACH FL 33441**

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:**  
**FEF 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

T  Delete  
 NAME **BIVANO, SALVATORE**  
 STREET ADDRESS **1591 SE 1ST ST**  
 CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

Change  Add  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TP  Delete  
 NAME **HILL, MAUREEN**  
 STREET ADDRESS **234 NE 8TH TERR**  
 CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

Change  Add  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TCS  Delete  
 NAME **FLORDELLO, JANINE**  
 STREET ADDRESS **870 NW 45TH ST**  
 CITY-ST-ZIP **POMPANO BEACH FL 33064**

Change  Add  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Delete

Change  Add  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Delete

Change  Add  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Delete

Change  Add  
 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Salvatore Bivano*  
**SALVATORE BIVANO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/00 954-2429-250  
 Date Daytime Phone #