

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N98000001664

1. Entity Name

SAINT AMBROSE HOME AND SCHOOL ASSOCIATION, INC.

Principal Place of Business

363 SE 12TH AVE.  
DEERFIELD BEACH FL 33441

Mailing Address

363 SE 12TH AVE.  
DEERFIELD BEACH FL 33441

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

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

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 reappointing)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
T	BIVANO, SALVATORE	1591 SE 1ST ST	DEERFIELD BEACH FL 33441	<input type="checkbox"/>
TP	HILL, MAUREEN	234 NE 8TH TERR	DEERFIELD BEACH FL 33441	<input checked="" type="checkbox"/>
TCS	FLORDELLO, JANINE	870 NW 45TH ST	POMPANO BEACH FL 33064	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
T	President LISA SULLIVAN	272 Woodlake Lane Deerfield Bch FL 33441		<input checked="" type="checkbox"/>	<input type="checkbox"/>
T	VP JOANNE SULLIVAN REAGAN	751 NW 41 Ter Deerfield Bch FL 33441		<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/24/01

954-429-2535

Date

Daytime Phone #

**FILED**  
**Aug 31, 2001 8:00 am**  
**Secretary of State**

06-27-2001 90289 005 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)