

**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

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 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

| TITLE     | NAME                   | STREET ADDRESS    | CITY-ST-ZIP             | <input type="checkbox"/> Change     | <input type="checkbox"/> Addition |
|-----------|------------------------|-------------------|-------------------------|-------------------------------------|-----------------------------------|
| President | LISA SULLIVAN          | 272 Woodlake Lane | Deerfield Bch, FL 33441 | <input checked="" type="checkbox"/> | <input type="checkbox"/>          |
| 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)