

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 11, 2002 8:00 am**  
**Secretary of State**

03-11-2002 90041 046 \*\*\*\*61.25

**DOCUMENT # N98000001967**

1. Entity Name

**THE SOCIETY OF THE HOLY COVENANT, INC.**

Principal Place of Business

**14880 SOUTHEAST 47TH COURT  
SUMMERFIELD FL 34491-4002**

Mailing Address

**14880 SOUTHEAST 47TH COURT  
SUMMERFIELD FL 34491-4002**

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

**65-0846864**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MCCLEERY, CHARLES WESLEY  
14880 SOUTHEAST 47TH COURT  
SUMMERFIELD FL 34491-4002**

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 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

TITLE **PD** ☐ Delete  
NAME **MCCLEERY, CHARLES WESLEY**  
STREET ADDRESS **14880 SOUTHEAST 47TH COURT**  
CITY-ST-ZIP **SUMMERFIELD FL 34491-4002**

TITLE **VTD** ☐ Delete  
NAME **WYLAND, KEITH M**  
STREET ADDRESS **15 JUNIPER PASS COURSE**  
CITY-ST-ZIP **OCALA FL 34480**

TITLE **SD** ☐ Delete  
NAME **MCCLEERY, MICHAEL WESLEY**  
STREET ADDRESS **1005 CATHERINE STREET**  
CITY-ST-ZIP **KISSIMMEE FL 34741**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **D Wyland, Keith M**  
STREET ADDRESS **15 Juniper Pass Course**  
CITY-ST-ZIP **OCALA, FL 34480**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **M McCleery, Patrick Wesley**  
STREET ADDRESS **716 Weschler Avenue**  
CITY-ST-ZIP **ERIE, PA 16502**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:** *Charles Wesley McCleery* (Charles Wesley McCleery) January 5, 2002 352-347-8092

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)