

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006016

1. Entity Name

ST. FRANCIS COMMUNITY CENTER, INC.

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90075 004 ****70.00

Principal Place of Business

214 S.E. 13TH STREET
FT. LAUDERDALE FL 33316

Mailing Address

214 S.E. 13TH STREET
FT. LAUDERDALE FL 33316

2. Principal Place of Business

1301 SO. ANDREWS AVE
SUITE #101

3. Mailing Address

P.O. BOX 22905
SUITE, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FORTLAUDERDALE FL

City & State

FORTLAUDERDALE FL

4. FEI Number

65-0626747

Applied For

Not Applicable

Zip

33316

Country

USA

Zip

33335

Country

USA

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOUDIE, CAROLINA
214 SE 13TH ST
FT. LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name: JOHN GOUDIE
Street Address (P.O. Box Number is Not Acceptable): 1301 SO. ANDREWS AVE
SUITE 101
City: FORTLAUDERDALE FL Zip Code: 33316

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 of registered agent or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Date

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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	PSD	<input checked="" type="checkbox"/> Delete
NAME	GOUDIE, L. CAROLINA	
STREET ADDRESS	214 SE 13TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33316	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LOREDO, JAVIER	
STREET ADDRESS	214 SE 13TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33316	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CERICOLA, TATIANA	
STREET ADDRESS	214 SE 13TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33316	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOUDIE JOHN	
STREET ADDRESS	1301 SO. ANDREWS AVE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #