

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006084

1. Entity Name

THE OLD HOLY ROMAN CATHOLIC CHURCH, INC.

Principal Place of Business

Mailing Address

600 ORANGE AVENUE
SAINT CLOUD FL 34769

600 ORANGE AVENUE
SAINT CLOUD FL 34769-3062

FILED

00 APR 13 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3540029

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME LAY, RONALD J
STREET ADDRESS 600 ORANGE AVENUE
CITY-ST-ZIP SAINT CLOUD FL 34769

☐ Delete

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

TITLE S
NAME LABONTE, SANDRA
STREET ADDRESS 600 ORANGE AVENUE
CITY-ST-ZIP SAINT CLOUD FL 34769

☐ Delete

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

TITLE TD
NAME LAY, SALLY A
STREET ADDRESS 600 ORANGE AVENUE
CITY-ST-ZIP SAINT CLOUD FL 34769

☐ Delete

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

100003217551--4
-04/20/00--01105--011
*****61.25 *****61.25

TITLE D
NAME LAY, STEVE J
STREET ADDRESS 600 ORANGE AVENUE
CITY-ST-ZIP SAINT CLOUD FL 34769

☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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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

RONALD J. LAY

Date

Daytime Phone #

4/5/00

407-892-5703

CR2E037 (9/99)

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