

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/24/00-90020-013-\$61.25-\$61.25  
\* 9/11/00-90018-017-\$61.25-\$61.25

DOCUMENT # N99000001141

1. Entity Name

ST. PAUL FOUNDATION TRUST, INC.

Principal Place of Business

6351 ROCK CREEK DR.  
LAKE WORTH FL 33467

Mailing Address

6351 ROCK CREEK DR.  
LAKE WORTH FL 33467

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

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SENCER, CARL MR.  
6351 ROCK CREEK DR.  
LAKE WORTH FL 33467

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  
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	CEO - PRES D	<input type="checkbox"/> Delete
NAME	MR. CARL SENCER	
STREET ADDRESS	6351 ROCK CREEK DR.	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	FR. JOHN PAILARD - V-P	<input type="checkbox"/> Delete
NAME	6351 ROCK CREEK DR.	
STREET ADDRESS	LAKE WORTH, FL 33467	
CITY-ST-ZIP		
TITLE	MRS. SUSAN SENCER - TD	<input type="checkbox"/> Delete
NAME	6351 ROCK CREEK DR.	
STREET ADDRESS	LAKE WORTH, FL 33467	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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: *Carl Sencer* REQUIRED SENCER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-06-00

Date

561-366-6377

Daytime Phone #

WWW.SUNATZ.ORG