

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002051

1. Entity Name

DIOCESE OF PALM BEACH, INC.

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90069 043 \*\*\*\*61.25

Principal Place of Business	Mailing Address
9995 N. MILITARY TRAIL PALM BEACH GARDENS FL 33410-9650	9995 N. MILITARY TRAIL PALM BEACH GARDENS FL 33410-5460

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	<i>P.O. Box 109650</i>
City & State	City & State
Zip	Country
	<i>33410-9650 PALM BEACH</i>



DO NOT WRITE IN THIS SPACE

City & State	4. FEI Number	Applied For
<i>PALM BEACH GARDENS, FL.</i>	<i>65-0926368</i>	Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
<i>33410-9650</i>	<i>PALM BEACH</i>	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
J. PATRICK FITZGERALD, ESQ. 110 MERRICK WAY SUITE 3-B CORAL GABLES FL 33134	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																																																																																																																																																
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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: *BASIL J. ZALOOM* 4/10/00 561 775-9511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)