

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003500

1. Entity Name

ORDER OF THE HOLY FAMILY, INC.



Principal Place of Business Mailing Address
C/O MOTHER ROSEANNE P TELESKA OHF C/O MOTHER ROSEANNE P TELESKA OHF
111 CHAPMAN RD EAST 111 CHAPMAN RD EAST
LUTZ FL 33549-8106 LUTZ FL 33549-8106

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

SHIVERS, OLIN G
201 N. FRANKLIN ST., STE. 2100
TAMPA FL 33602

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME TELESKA, ROSEANNE P O.H.F.
STREET ADDRESS 14802 N. FLORIDA AVE., #K167
CITY-ST-ZIP TAMPA FL 33613-1855

TITLE PD ☐ Change ☐ Addition
NAME TELESKA, ROSEANNE P., O.H.F.
STREET ADDRESS 111 CHAPMAN ROAD E.
CITY-ST-ZIP LUTZ, FL 33549-8106

TITLE STD ☐ Delete
NAME VASQUEZ, MARGARET MARY O.H.F.
STREET ADDRESS 14802 N. FLORIDA AVE., #K167
CITY-ST-ZIP TAMPA FL 33613-1855

TITLE STD ☐ Change ☐ Addition
NAME VASQUEZ, MARGARET MARY
STREET ADDRESS 111 CHAPMAN ROAD E.
CITY-ST-ZIP LUTZ, FL 33549-8106

TITLE D ☐ Delete
NAME KANE, REGINA C O.S.F.
STREET ADDRESS 3006 PERRY AVE.
CITY-ST-ZIP TAMPA FL 33603

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Aug 16, 2000 8:00 am
Secretary of State

08-16-2000 90010 029 ****61.25

A0072950



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3585640 Applied For Not Applicable

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

CR2E037 (9/99)