

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003500

1. Entity Name

ORDER OF THE HOLY FAMILY, INC.

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90109 005 \*\*\*\*61.25

Principal Place of Business

C/O MOTHER ROSEANNE P TELESKA OHF  
111 CHAPMAN RD EAST  
LUTZ FL 33549-8106

Mailing Address

C/O MOTHER ROSEANNE P TELESKA OHF  
111 CHAPMAN RD EAST  
LUTZ FL 33549-8106

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3585640

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

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

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

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

TITLE STD  
NAME VASQUEZ, MARGARET MARY O.H.F.  
STREET ADDRESS 111 CHAPMAN ROAD E  
CITY-ST-ZIP LUTZ FL 33549-8106 ☐ Delete

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

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

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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:

*Mother Roseanne P Teleska, OHF*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/01 (813) 908-2089  
Date Daytime Phone #

CR2E037 (10/00)