

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N99000005280**

1. Entity Name

**THE SAINT LEO ABBEY FOUNDATION, INC.****FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90038 030 \*\*\*\*\*61.25

**964721**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

**33601 HIGHWAY 52  
ST LEO FL 33574**

Mailing Address

**P O 2350  
ST LEO FL 33574**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3649733**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**ROMFH, PAUL G  
33601 HIGHWAY 52  
ST LEO FL 33574**

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

|                 |                         |                                 |
|-----------------|-------------------------|---------------------------------|
| TITLE           | <b>D</b>                | <input type="checkbox"/> Delete |
| NAME            | <b>THOLE, SIMEON</b>    |                                 |
| STREET ADDRESS  | <b>33601 HIGHWAY 52</b> |                                 |
| CITY - ST - ZIP | <b>ST LEO FL 33574</b>  |                                 |
| TITLE           | <b>D</b>                | <input type="checkbox"/> Delete |
| NAME            | <b>VELTEN, ROBERT</b>   |                                 |
| STREET ADDRESS  | <b>33601 HIGHWAY 52</b> |                                 |
| CITY - ST - ZIP | <b>ST LEO FL 33574</b>  |                                 |
| TITLE           | <b>D</b>                | <input type="checkbox"/> Delete |
| NAME            | <b>ROMFH, PAUL</b>      |                                 |
| STREET ADDRESS  | <b>33601 HIGHWAY 52</b> |                                 |
| CITY - ST - ZIP | <b>ST LEO FL 33574</b>  |                                 |
| TITLE           | <b>D</b>                | <input type="checkbox"/> Delete |
| NAME            | <b>CAMACHO, ISAAC</b>   |                                 |
| STREET ADDRESS  | <b>33601 HIGHWAY 52</b> |                                 |
| CITY - ST - ZIP | <b>ST LEO FL 33574</b>  |                                 |
| TITLE           | <b>D</b>                | <input type="checkbox"/> Delete |
| NAME            | <b>AUGUSTIN, FELIX</b>  |                                 |
| STREET ADDRESS  | <b>33601 HIGHWAY 52</b> |                                 |
| CITY - ST - ZIP | <b>ST LEO FL 33574</b>  |                                 |
| TITLE           | <b>D</b>                | <input type="checkbox"/> Delete |
| NAME            | <b>ESTES, GABRIEL</b>   |                                 |
| STREET ADDRESS  | <b>33601 HIGHWAY 52</b> |                                 |
| CITY - ST - ZIP | <b>ST LEO FL 33574</b>  |                                 |

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 |  |                                                                   |
| 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:

**GABRIEL ESTES, OSB**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**1/31/01**

Daytime Phone #

**(352)-588-8624**

CR2E037 (10/00)

# saint leo abbey

Attachment  
964721

DOCUMENT # N99000005280

THE SAINT LEO ABBEY FOUNDATION, INC.

FEI NUMBER: 59-3649733

LINE 11

D

x Addition

Melanson, Joshua  
33601 Highway 52  
ST LEO FL 33574

GABRIEL ESTES, O.S.B.  
Gabriel Estes, O.S.B.

1/31/01  
Date