

2002 UNIFORM BUSINESS REPORT (UBR) OF

FILED

Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90088 042 ****61.25

DOCUMENT # N99000005280

1. Entity Name

THE SAINT LEO ABBEY FOUNDATION, INC.

Principal Place of Business

Mailing Address

33601 HIGHWAY 52
ST LEO FL 33574

P O 2350
ST LEO FL 33574

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

59-3649733

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROMFH, PAUL G
33601 HIGHWAY 52
ST LEO FL 33574

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

Rev. Paul Romfh, OSB
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

2-21-02
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 D ☒ Delete
NAME THOLE, SIMEON
STREET ADDRESS 33601 HIGHWAY 52
CITY-ST-ZIP ST LEO FL 33574

TITLE D ☒ Change ☐ Addition
NAME Tingerthal, James
STREET ADDRESS 33601 Highway 52
CITY-ST-ZIP St Leo, FL 33574

TITLE D ☐ Delete
NAME VELTEN, ROBERT
STREET ADDRESS 33601 HIGHWAY 52
CITY-ST-ZIP ST-LEO FL 33574

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

TITLE D ☐ Delete
NAME ROMFH, PAUL
STREET ADDRESS 33601 HIGHWAY 52
CITY-ST-ZIP ST LEO FL 33574

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

TITLE D ☐ Delete
NAME CAMACHO, ISAAC
STREET ADDRESS 33601 HIGHWAY 52
CITY-ST-ZIP ST LEO FL 33574

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

TITLE D ☐ Delete
NAME AUGUSTIN, FELIX
STREET ADDRESS 33601 HIGHWAY 52
CITY-ST-ZIP ST LEO FL 33574

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

TITLE D ☐ Delete
NAME ESTES, GABRIEL
STREET ADDRESS 33601 HIGHWAY 52
CITY-ST-ZIP ST LEO FL 33574

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 all other like empowered.

SIGNATURE:

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

2/22/01 (352) 588 8626
Date Daytime Phone #

0076137

CR2E037 (9/01)