

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005425

1. Entity Name

THE CONGREGATION OF THE SISTERS OF ST. CLARE (FL

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90016 007 \*\*\*\*61.25

Principal Place of Business	Mailing Address
625 COURT STREET SECOND FLOOR CLEARWATER FL 33756	625 COURT STREET SECOND FLOOR CLEARWATER FL 33756-5505

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-361-6270		Applied For
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MARQUARDT, EMIL C JR. 625 COURT STREET SECOND STREET CLEARWATER FL 33756		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. <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	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADY, LUCIA	NAME	
STREET ADDRESS	<del>1895 HAMILIN BLVD</del> 14380 Apache Ave	STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 33774	CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAUGHNESSY, PHYLLIS	NAME	
STREET ADDRESS	<del>1895 HAMILIN BLVD</del> 1121 Reed St.	STREET ADDRESS	
CITY-ST-ZIP	<del>LARGO FL 33774</del> Safety Harbor 34695	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SYNOITNESSY, PATRICIA	NAME	
STREET ADDRESS	<del>1895 HAMILIN BLVD</del> 7426 Grand Blvd	STREET ADDRESS	
CITY-ST-ZIP	<del>LARGO FL 33774</del> Port Richey 34659	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLIGAN, BRIDGET	NAME	
STREET ADDRESS	<del>1895 HAMILIN BLVD</del> 970 Pine Hill Rd	STREET ADDRESS	
CITY-ST-ZIP	<del>LARGO FL 33774</del> Palm Harbor 34683	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: (A) Signature Required February 17 2000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)