

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90313 030 ****61.25

DOCUMENT # N99000005425

1. Entity Name

THE CONGREGATION OF THE SISTERS OF ST. CLARE (FL

Principal Place of Business

Mailing Address

625 COURT STREET
 SECOND FLOOR
 CLEARWATER FL 33756

625 COURT STREET
 SECOND FLOOR
 CLEARWATER FL 33756

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

59-3616270

Applied For

Not Applicable

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

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.

\$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 NAME	PD BRADY, LUCIA	<input type="checkbox"/> Delete
STREET ADDRESS	14380 APACHE AVE	
CITY-ST-ZIP	LARGO FL 33774	
TITLE NAME	VPD SHAUGHNESSY, PHYLLIS	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1121 REED ST	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE NAME	SD SYNOITNESSY, PATRICIA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	7426 GRAND BLVD	
CITY-ST-ZIP	PORT RICHEY FL 34655	
TITLE NAME	TD MULLIGAN, BRIDGET	<input type="checkbox"/> Delete
STREET ADDRESS	970 PINE HILL RD	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE NAME	BRADY, LUCIA	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	VPD. ITA HICKEY.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	4927 GLAMOUR LANE	
CITY-ST-ZIP	ORLANDO, FL. 32821	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Lucia Brady* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/01
Date

727-517-1739
Daytime Phone #

CR2E037 (10/00)