

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000077318

1. Entity Name

S.T. FRANCIS GROUP, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90078 036 ***150.00

Principal Place of Business

Mailing Address

7924 DOUBLE TREE DR

7924 DOUBLE TREE DR

~~FORSCATE J~~

~~FORSCATE J~~

HOBE SOUND FL 33455

HABE SOUND FL 33455-8123

US

US

2. Principal Place of Business

7924 SE DOUBLE TREE DR

3. Mailing Address

7924 SE DOUBLE TREE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOBE SOUND, FL

City & State

HOBE SOUND, FL

Zip

33455

Country

USA

Zip

33455

Country

USA

4. FEI Number

65-0532913

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

SLATTERY, JOHN J
7924 SE DOUBLE TREE DR
~~FORSCATE J~~
HOBE SOUND FL 33455

7. Name and Address of New Registered Agent

Name

SLATTERY, JOHN J

Street Address (P.O. Box Number is Not Acceptable)

7924 SE DOUBLE TREE DR

City

HOBE SOUND

FL

Zip Code

33455

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

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD
NAME SLATTERY, JOHN J
STREET ADDRESS 7924 SE DOUBLE TREE DR
CITY-ST-ZIP HOBE SOUND FL 33455 ☐ Delete

TITLE STD
NAME SLATTERY, MAUREEN
STREET ADDRESS 7924 SE DOUBLE TREE DR
CITY-ST-ZIP HOBE SOUND FL 33455 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561 283 7166