

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000375

1. Entity Name

UNITED PENTECOSTAL CHURCH OF COOPER CITY, INC.

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90031 010 ****70.00

Principal Place of Business
5201 S FLAMINGO RD
COOPER CITY FL 33330
US

Mailing Address
5201 S FLAMINGO RD
COOPER CITY FL 33330-2721
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0400102**
Applied For
Not Applicable

Zip Country

Zip Country

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

HATTABAUGH, MARK
17865 SW 1ST ST
PEMBROKE PINES FL 33029

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

5-30-2000

**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	<input type="checkbox"/> Delete
NAME	LINDO, ROY W	
STREET ADDRESS	19005 NW 11 CT	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	D	<input type="checkbox"/> Delete
NAME	POPE, RAYMOND W	
STREET ADDRESS	1540 E SANDPIPER CIR	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE	D	<input type="checkbox"/> Delete
NAME	REIMERS, HANS W	
STREET ADDRESS	13434 NW 1ST ST	
CITY-ST-ZIP	PLANTATION FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, KEN W	
STREET ADDRESS	14801 SW ST	
CITY-ST-ZIP	MIRAMAR FL 33027	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TRAPANI, ROBERT	
STREET ADDRESS	89 CONGER AVE	
CITY-ST-ZIP	AKRON OH	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HATTABAUGH, MARK	
STREET ADDRESS	17865 SW 1ST ST	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	

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	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-30-2000 **954-600 0710**

CR2E037 (9/99)