

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000000092

1. Entity Name

HEAVENLY CAUSE FOUNDATION INCORPORATED

Principal Place of Business

333 NE 8TH STREET  
HOMESTEAD FL 33030

Mailing Address

P.O. BOX 900969  
HOMESTEAD FL 33090

2. Principal Place of Business

3901 Washington Rd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 301

City & State

McMurray, PA

City & State

Zip

15317

Country

USA

Zip

Country

4. FEI Number

25-1614536

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PASTRAN, RAUL E  
333 NE 8TH STREET  
HOMESTEAD FL 33030

7. Name and Address of New Registered Agent

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

TITLE PD  
NAME RYAN, EDWARD M  
STREET ADDRESS 814 SOUTHWEST 7TH TERRACE  
CITY-ST-ZIP FLORIDA CITY FL 33034 ☐ Delete

TITLE VPD  
NAME RYAN, ANN C  
STREET ADDRESS 814 SOUTHWEST 7TH TERRACE  
CITY-ST-ZIP FLORIDA CITY FL 33034 ☐ Delete

TITLE SD  
NAME BOVE, TERRY  
STREET ADDRESS 814 SOUTHWEST 7TH TERRACE  
CITY-ST-ZIP FLORIDA CITY FL 33034 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE c/o Patricia Loesch  
NAME 3 Dorchester Dr, Apt 110  
STREET ADDRESS Pittsburg, PA 15241  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE c/o Patricia Loesch  
NAME 3 Dorchester Dr, Apt 110  
STREET ADDRESS Pittsburg, PA 15241  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE 3901 Washington Rd,  
NAME Suite 301  
STREET ADDRESS McMurray, PA 15317  
CITY-ST-ZIP ☒ Change ☐ Addition

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

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:

*Terry Bove* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/00

Date

(724) 942-4370

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE

FILED

Mar 04, 2000 8:00 am  
Secretary of State

03-04-2000 90072 003 \*\*\*\*61.25