

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000005076

1. Entity Name

EAST TAMPA COMMUNITY HOPE, INC.

Principal Place of Business

2910 ORIENT ROAD
TAMPA FL 33619

Mailing Address

2910 ORIENT ROAD
TAMPA FL 33619

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

59-3669093

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

SAYLOR, CLAUDE
2910 ORIENT ROAD
TAMPA FL 33619

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
After September 12, 2001, min. will be \$236.25

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
NAME HAYNE, BETTY
STREET ADDRESS 10006 MORRIS BRIDGE RD.
CITY-ST-ZIP TAMPA FL 33637 ☒ Delete

TITLE SD
NAME BRACKETT, CECIL
STREET ADDRESS 2716 62ND ST.
CITY-ST-ZIP TAMPA FL 33619 ☐ Delete

TITLE D
NAME STAPLETON, RON
STREET ADDRESS 6105 LEWIS CIR.
CITY-ST-ZIP GIBSONTON FL 33534 ☒ Delete

TITLE D
NAME CATES, DON
STREET ADDRESS 6212 DIAMOND ST.
CITY-ST-ZIP TAMPA FL 33619 ☐ Delete

TITLE D
NAME PARKS, ROBERT L
STREET ADDRESS 4437 OHIO AVE.
CITY-ST-ZIP TAMPA FL 33616 ☐ Delete

TITLE D
NAME SAYLOR, CLAUDE
STREET ADDRESS 105 VIRGINIA AVE
CITY-ST-ZIP SEFFNER FL 33584 ☐ Delete

TITLE D- PRESIDENT
NAME MARK A. ARGO
STREET ADDRESS 310 CHADWELL DR.
CITY-ST-ZIP SEFFNER, FL 33584 ☐ 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

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:

MARK A. ARGO President 8/31/01 93654-2072

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

09-06-2001 90052 032 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)