

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Jul 29, 2002 8:00 am  
Secretary of State

07-29-2002 90001 033 \*\*\*\*61.25

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

310 CHADWELL DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SEFFNER FL

Zip

Country

Zip

Country

33584

USA

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

WILLIAM H. DURKIN

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

106 W. WINDHORST RD

STE 101

City

BRANDON

FL

Zip Code

33510

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

*William H. Durkin*

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 ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
ARGO, MARK A  
310 CHADWELL DR  
SEFFNER FL 33584

TITLE ☐ Delete

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

TITLE ☐ Delete

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

TITLE ☐ Delete

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

TITLE ☐ Delete

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

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*William H. Durkin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/02 813-654-2072  
Date Daytime Phone #

CR2E037 (9/01)