

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91715 008 ****70.00

DOCUMENT # NO1000002811

1. Entity Name

**THE MISSIONARY DIOCESE OF SOUTH FLORIDA (CEEC),
 INC.**

Principal Place of Business

Mailing Address

17350 S. DIXIE HWY.
 MIAMI FL 33157-4319

17350 S. DIXIE HWY.
 MIAMI FL 33157-4319

2. Principal Place of Business

20954 SW 85 PASSAGE

3. Mailing Address

20954 SW 85 PASSAGE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI

City & State

MIAMI

Zip

33189-3326

Country

US

Zip

33189-3326

Country

US

4. FEI Number

65-1094842

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HOPE, JOHN C
17350 S. DIXIE HWY.
MIAMI FL 33157-4319

7. Name and Address of New Registered Agent

Name

HOPE, JOHN C

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

20954 SW 85 PASSAGE

City

MIAMI

FL

Zip Code

33189

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

John C Hope, Sr. Pres. **REGISTERED AGENT / PRES.**

04/28/02

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 **PDT** ☐ Delete
 NAME **HOPE, JOHN C**
 STREET ADDRESS **17350 S. DIXIE HWY.**
 CITY-ST-ZIP **MIAMI FL 33157-4319**

TITLE **D** ☐ Delete
 NAME **MCCLANAHAN, RUSSELL**
 STREET ADDRESS **4706 VALENE CIR.**
 CITY-ST-ZIP **MEMPHIS TN 38141**

TITLE **SD** ☐ Delete
 NAME **SAMUEL, JENNIFER**
 STREET ADDRESS **20954 SW 85TH PASSAGE**
 CITY-ST-ZIP **MIAMI FL 33189**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PDT** ☒ Change ☐ Addition
 NAME **HOPE, JOHN C**
 STREET ADDRESS **20954 SW 85 PASSAGE**
 CITY-ST-ZIP **MIAMI, FLORIDA 33189-3326**

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)(f), 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 info empowered.

SIGNATURE:

John C Hope, Sr. Pres. **JOHN C. HOPE, Sr Pres**

04-28-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)