

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N0100007856**

1. Entity Name

**MELBEN MINISTRIES, INC.**

Principal Place of Business

9001 CYPRESS TRAIL  
LARGO FL 33777

Mailing Address

9001 CYPRESS TRAIL  
LARGO FL 33777

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

Applied For

Not Applicable

4. FEI Number

**65-1152079**

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**HOPPES, CYNTHIA  
9001 CYPRESS TRAIL  
LARGO FL 33777**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DP  
GREENE, BEN  
9001 CYPRESS TRAIL  
LARGO FL 33777**

Delete

## 11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DV  
MCLELLEN, MELISSA  
9001 CYPRESS TRAIL  
LARGO FL 33777**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D  
HOPPES, CYNTHIA  
9001 CYPRESS TRAIL  
LARGO FL 33777**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DT  
HOPPES, C RICHARD  
9001 CYPRESS TRAIL  
LARGO FL 33777**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DS  
CARAWAY, TIFFANY  
9001 CYPRESS TRAIL  
LARGO FL 33777**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D  
CARAWAY, JODY  
9001 CYPRESS TRAIL  
LARGO FL 33777**

Delete

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
Jan 29, 2002 8:00 am  
Secretary of State

01-29-2002 90039 003 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

**01/11/02**

Daytime Phone #