

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N04574

1. Entity Name

HONEYWORD FOUNDATION, INC.

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90101 023 ****61.25

911528



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3921 TOPSAIL DRIVE COLORADO SPRINGS CO 80918 US	Mailing Address P.O. BOX 25189 COLORADO SPRINGS CO 80936-5189 US
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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 59-2447387	Applied For <input type="checkbox"/> Not Applied
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

NEW ADDRESS
COOPER, EMMETT
2204 EXMOOR ROAD
TAMPA FL 33620 → **Post Office Box 1060**
SAN ANTONIO, FL. 78211
335-76-1060

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 **EMMETT A. COOPER**
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST COOPER, LEA M. 3921 TOPSAIL DRIVE COLORADO SPRINGS CO 80918 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JIM HARPER 2581 ORCHARD KNOB DRIVE ATLANTA, GA 30339 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOPER, LEA M. 3921 TOPSAIL DRIVE COLORADO SPRINGS CO 80918 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR TOM HILL 46 ALSACE COURT LITTLE ROCK, AR 72211 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD COOPER, EMMETT A. 3921 TOPSAIL DRIVE COLORADO SPRINGS CO 80918 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO COOPER, EMMETT A. 3921 TOPSAIL DRIVE COLORADO SPRINGS CO 80918 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, JIM 1815 CRAIG ROAD AURORA NE 68803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EMINETH, GARY 8142 EAST GRAY ROAD SCOTTSDALE AZ 85260 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **SIGNATURE RECORDED** 1/10/00 719-599-9221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #