

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90012 049 ****61.25

DOCUMENT # N04574

1. Entity Name

HONEYWORD FOUNDATION, INC.

Principal Place of Business

**3921 TOPSAIL DRIVE
COLORADO SPRINGS CO 80918
US**

Mailing Address

**P.O. BOX 25189
COLORADO SPRINGS CO 80936-5189
US**

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 **NOT APPLICABLE**

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

**COOPER, EMMETT
2204 EXMOOR ROAD
TAMPA FL 33629**

NEW ADDRESS →

Name **EMMETT COOPER**

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

31448 REED ROAD

City **DADE CITY**

FL

Zip Code
33523

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

1/9/02

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 **VST** ☐ Delete
NAME **COOPER, LEA M.**
STREET ADDRESS **3921 TOPSAIL DRIVE**
CITY-ST-ZIP **COLORADO SPRINGS CO 80918**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **JIM HARPER**
STREET ADDRESS **2581 ORCHARD KNOB DRIVE**
CITY-ST-ZIP **ATLANTA, GA 30339**

TITLE **D** ☐ Delete
NAME **COOPER, LEA M.**
STREET ADDRESS **3921 TOPSAIL DRIVE**
CITY-ST-ZIP **COLORADO SPRINGS CO 80918**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CPD** ☐ Delete
NAME **COOPER, EMMETT A.**
STREET ADDRESS **3921 TOPSAIL DRIVE**
CITY-ST-ZIP **COLORADO SPRINGS CO 80918**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **TOM HILL**
STREET ADDRESS **46 ALSACE COURT**
CITY-ST-ZIP **LITTLE ROCK, AR 72211**

TITLE **CEO** ☐ Delete
NAME **COOPER, EMMETT A.**
STREET ADDRESS **3921 TOPSAIL DRIVE**
CITY-ST-ZIP **COLORADO SPRINGS CO 80918**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **ANDERSON, JIM**
STREET ADDRESS **1815 CRAIG ROAD**
CITY-ST-ZIP **AURORA NE 68803**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **EMINETH, GARY**
STREET ADDRESS **8142 EAST GRAY ROAD**
CITY-ST-ZIP **SCOTTSDALE AZ 85280**

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 reports 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:

Emmett Cooper

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/02

Date

719-599-9221

Daytime Phone #

CR2E037 (9/01)