

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N21210

1. Entity Name

SOURCE OF LIGHT AND HOPE DEVELOPMENT CENTER, INC

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90015 038 ****61.25

Principal Place of Business

Mailing Address

3901 DR MLK JR BLVD
FT MYERS FL 33916
US

P O BOX 1892
FT MYERS FL 33902-1892
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0013240

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SAPP, RICHARD A.
3275 SOUTH STREET
FT. MYERS FL 33916-5719

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME YOUNG, MATTIE
STREET ADDRESS 15140 LOCKWOOD STREET
CITY-ST-ZIP FT. MYERS FL 33916

TITLE ST ☐ Change ☒ Addition
NAME Cook, Barbara
STREET ADDRESS 1525 High Street
CITY-ST-ZIP Ft. Myers, FL 33916

TITLE P ☐ Delete
NAME BROWN, TERESA
STREET ADDRESS 1507 BROOKHILL DR
CITY-ST-ZIP FT. MYERS FL 33916

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

TITLE TD ☐ Delete
NAME ATKINS, BARBARA
STREET ADDRESS 1535 LIVE OAK DRIVE
CITY-ST-ZIP FT. MYERS FL

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

TITLE MD ☐ Delete
NAME SHOEMAKER, VERONICA S.
STREET ADDRESS MARTIN LUTHER KING JR BV
CITY-ST-ZIP FT. MYERS FL

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

TITLE D ☐ Delete
NAME CURRY, LUCEAL
STREET ADDRESS 2997 EDISON AVENUE
CITY-ST-ZIP FT. MYERS FL

TITLE P ☒ Change ☐ Addition
NAME Curry, Luceal
STREET ADDRESS 2997 Edison Avenue
CITY-ST-ZIP Ft. Myers, FL 33916

TITLE D ☒ Delete
NAME BOBO, ROBERT
STREET ADDRESS 6474 ROYAL WOOD DRIVE
CITY-ST-ZIP FT. MYERS FL

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: *Mattie Young*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/17/00

Date

(941) 337-2302

Daytime Phone #

CR2E037 (9/99)