

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48843

1. Entity Name

H.O.P.E. OF TAMPA BAY, INC.

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90013 035 ****61.25

Principal Place of Business

P O BOX 151653
TAMPA FL 33684
US

Mailing Address

P O BOX 151653
TAMPA FL 33684-1653

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

59-3126627

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

GORDON, RUTH
4402 BCH PARK DR W
TAMPA FL 33609

7. Name and Address of New Registered Agent

Name

Sonia B. Pearce

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

3316 Kathleen Street

City

Tampa

FL

Zip Code

33607-1840

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 ☐ Delete
NAME **SD**
STREET ADDRESS **WARD, HILDA**
CITY-ST-ZIP **802 DOWNS COURT #202**
TAMPA FL 33603

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **ANDERSEN, FRANCES**
CITY-ST-ZIP **14183 WADSWORTH DR.**
ODESSA FL

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **ALMERICO, VICKI**
CITY-ST-ZIP **204 TREASURE DR**
TAMPA FL 33609

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **LUCCIONI, MARY S**
CITY-ST-ZIP **10478 ST. TROPEZ PL**
TAMPA FL 33615

TITLE ☐ Delete
NAME **VTD**
STREET ADDRESS **GORDON, RUTH**
CITY-ST-ZIP **4402 BEACH PK DR**
TAMPA FL 33609

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME **Treasurer**
STREET ADDRESS **Sonia B. Pearce**
CITY-ST-ZIP **3316 Kathleen Street, Tampa, FL 33607**

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 **Vice-President**
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)(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 life empowered.

SIGNATURE:

Sonia B. Pearce (Treasurer) 3/22/00 (813) 354-9217

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)