

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48843

1. Entity Name

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

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90071 050 ****61.25

005671

Principal Place of Business

Mailing Address

P O BOX 151653
TAMPA FL 33684
US

P O BOX 151653
TAMPA FL 33684

00016101

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3126627

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

PEARCE, SONIA B
3316 KATHLEN STREET
TAMPA FL 33607-1840

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 NAME ☐ Delete
PEARCE, SONIA B
STREET ADDRESS 3316 KATHLEN STREET
CITY-ST-ZIP TAMPA FL 33607

TITLE NAME ☒ Change ☐ Addition
Treasurer/Vice-President
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

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

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

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

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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: *Sonia B. Pearce* Sonia B. Pearce

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

02/12/01

Daytime Phone #

CR2E037 (10/00)