

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

N99000001246

1. Entity Name

Repair of The Breech City of Hope

APPROVED
AND
FILED

OCT 16 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2631 JAMES RD
JACKSONVILLE FL 32216

7819 AUSTIN RD
JACKSONVILLE FL 32244

2. Principal Place of Business

2631 JAMES RD

3. Mailing Address

7819 AUSTIN RD

Suite, Apt. #, etc.

3

Suite, Apt. #, etc.

8

REINSTATEMENT

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

4. FEI Number

59-3401039

Applied For

Not Applicable

Zip

Country

32210

Zip

Country

32244

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

LINDA LATHERS
7819 AUSTIN RD
JACKSONVILLE FL 32244

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

Linda Lathers, 10-16-2000

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 President ☐ Delete
NAME Linda Lathers
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Vice-President ☒ Delete
NAME Rufus Huff
STREET ADDRESS 1666 VAN EPPS ALABAMA GA 30334
CITY-ST-ZIP

TITLE Vice Pres ☒ Change ☐ Addition
NAME LUCIOUS THOMPSON
STREET ADDRESS 7819 AUSTIN RD
CITY-ST-ZIP JACKSONVILLE FL 32244

TITLE S Secretary ☒ Delete
NAME
STREET ADDRESS JAX FL 32244
CITY-ST-ZIP

TITLE S ☒ Change ☐ Addition
NAME ERNESTINE LAWSON
STREET ADDRESS 7880 LANCIA ST
CITY-ST-ZIP JACKSONVILLE FL 32244

TITLE T ☒ Delete
NAME PATTY PIERRE
STREET ADDRESS 9960 NORMANBY BLVD
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE T ☒ Change ☐ Addition
NAME JOHN LAWSON
STREET ADDRESS 7880 LANCIA ST
CITY-ST-ZIP JACKSONVILLE FL 32244

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
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 like empowered.

SIGNATURE: Linda Lathers Linda Lathers

904 778-2192

CR2E037 (9/99)

KE