

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90064 047 ****70.00

DOCUMENT # N99000001746

1. Entity Name

A PLACE CALLED HOPE CATHEDRAL, INC.

Principal Place of Business

Mailing Address

16601 NW 8TH AVE
 MIAMI FL 33169

16601 NW 8TH AVE
 MIAMI FL 33169-5814

012604

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FBI Number

31-1655009

Added
 Not Added

Zip
33169-5814

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

ZIEBARTH, LEONARD G
16601 NW 8TH AVE
MIAMI FL 33169

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

N/A

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/1/00

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 **SWILLEY, W. DUANE**
 STREET ADDRESS **16601 NW 8TH AVE**
 CITY-ST-ZIP **MIAMI FL 33169**

TITLE ☒ Change
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **FL 33169-5814**

TITLE **D** ☐ Delete
 NAME **SWILLEY, DEBORAH LYNN**
 STREET ADDRESS **16601 NW 8TH AVE**
 CITY-ST-ZIP **MIAMI FL 33169**

TITLE ☒ Change
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **FL 33169-5814**

TITLE **D** ☐ Delete
 NAME **ZIEBARTH, LEONARD G**
 STREET ADDRESS **16601 NW 8TH AVE**
 CITY-ST-ZIP **MIAMI FL 33169**

TITLE ☒ Change
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **FL 33169-5814**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change
 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Leonard G. Ziebarth**

2/1/00

305-620-