

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90118 025 ****61.25

DOCUMENT # N99000003117

1. Entity Name

SUNCOAST BIBLEWAY MINISTRIES APOSTOLIC, INC.

Principal Place of Business

Mailing Address

**13313 CENTER STREET
 DADE CITY FL 33525**

**13313 CENTER STREET
 DADE CITY FL 33525-5515**

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

65-D927078

Applied For

Not Applicable

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

**COOPER, HARTMAN L
 13313 CENTER STREET
 DADE CITY FL 33525**

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 **TD** ☐ Delete
 NAME **BERNARD, BETTY J**
 STREET ADDRESS **13313 CENTER STREET**
 CITY-ST-ZIP **DADE CITY FL 33525**

TITLE **D** ☐ Change ☒ Addition
 NAME **Clark, Willie**
 STREET ADDRESS **13326 Lee Street**
 CITY-ST-ZIP **Dade City, Florida 33523**

TITLE **SD** ☐ Delete
 NAME **WILSON, AMELIA**
 STREET ADDRESS **37126 GOLDEN ROD CT**
 CITY-ST-ZIP **DADE CITY FL 33523**

TITLE **D** ☐ Change ☒ Addition
 NAME **Houston, Robert**
 STREET ADDRESS **315 20th Street East**
 CITY-ST-ZIP **Palmetto, Florida 34225**

TITLE **PD** ☐ Delete
 NAME **COOPER, HARTMAN**
 STREET ADDRESS **13313 CENTER STREET**
 CITY-ST-ZIP **DADE CITY FL 33525**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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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:

Hartman Lee Cooper
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-2000
 Date

(352) 521-3547
 Daytime Phone #

CR2E037 (9/99)