

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005440

1. Entity Name

SACRED HEARTS, INC.

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90240 005 \*\*\*\*61.25

Principal Place of Business

Mailing Address

14104 ASHBURN PLACE  
TAMPA FL 33624

14104 ASHBURN PLACE  
TAMPA FL 33624-2603

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

EIN 31-1680825

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

HODGE, LARRY  
14104 ASHBURN PLACE  
TAMPA FL 33624

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	<input type="checkbox"/> Delete
NAME	HODGE, CRYSTAL	
STREET ADDRESS	14104 ASHBURN PLACE	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HODGE, APRILE	
STREET ADDRESS	14104 ASHBURN PLACE	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HODGE, GAYLE	
STREET ADDRESS	14104 ASHBURN PLACE	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HODGE, LARRY	
STREET ADDRESS	14104 ASHBURN PLACE	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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:

**SIGNATURE REQUIRED** Larry Hodge 4/5/00 813-963-0703

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)