

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N99000005477**

1. Entity Name

**HOPE CHURCH, CUMBERLAND PRESBYTERIAN, INC.**

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90082 008 \*\*\*\*61.25

Principal Place of Business <b>826 S. MILLER RD. VALRICO FL 33594</b>	Mailing Address <b>826 S. MILLER RD. VALRICO FL 33594-4216</b>
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DO NOT WRITE IN THIS SPACE

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 <b>59-3597208</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**MOODY, RANDY D**  
**4116 AMBER RIDGE LANE**  
**VALRICO FL 33594**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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**10. OFFICERS AND DIRECTORS**

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

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>P</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Randy D. Moody</b>	
STREET ADDRESS	<b>4116 Amber Ridge Lane</b>	
CITY-ST-ZIP	<b>Valrico, FL 33594</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Joe Ligori</b>	
STREET ADDRESS	<b>1305 Brooker Road</b>	
CITY-ST-ZIP	<b>Brandon, FL 33511</b>	
TITLE	<b>D/S</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Robert Holt</b>	
STREET ADDRESS	<b>3047 Avalon Terrace</b>	
CITY-ST-ZIP	<b>Valrico, FL 33594</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>John Keener</b>	
STREET ADDRESS	<b>2504 Laurelwood Lane</b>	
CITY-ST-ZIP	<b>Varico, FL 33594</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Joyce Hill</b>	
STREET ADDRESS	<b>2205 Shermon Place</b>	
CITY-ST-ZIP	<b>Brandon, FL 33511</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Ruth Clark</b>	
STREET ADDRESS	<b>1303 Brooker Road</b>	
CITY-ST-ZIP	<b>Brandon, FL 33511</b>	

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 another like empowered.

SIGNATURE: Randy D. Moody **RANDY D. MOODY** 1/16/2000 (813)684-4689

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)