

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

0057921

**DOCUMENT # N99000005477**

1. Entity Name

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

05-10-2001 90204 003 \*\*\*\*\*61.25

Principal Place of Business

Mailing Address

826 S. MILLER RD.  
 VALRICO FL 33594

826 S. MILLER RD.  
 VALRICO FL 33594

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

**59-3597208**

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

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

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	P	<input type="checkbox"/> Delete
NAME	MOODY, RANDY D	
STREET ADDRESS	4116 AMBER RIDGE LANE	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	D	<input type="checkbox"/> Delete
NAME	LIGORI, JOE	
STREET ADDRESS	1305 BROOKER RD	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HOLT, ROBERT	
STREET ADDRESS	3047 AVALON TERRACE	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	D	<input type="checkbox"/> Delete
NAME	KEENER, JOHN	
STREET ADDRESS	2504 LAURELWOOD LANE	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HILL, JOYCE	
STREET ADDRESS	2205 SHERMON PLACE	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	T	<input type="checkbox"/> Delete
NAME	CLARK, RUTH	
STREET ADDRESS	1303 BROOKER RD	
CITY-ST-ZIP	BRANDON FL 33511	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Henry Asmus	
STREET ADDRESS	2818 Commonwealth Avenue	
CITY-ST-ZIP	Valrico, FL 33594	
TITLE	Lisa Brook	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	924 Hillrise	
STREET ADDRESS	Brandon, FL 33594	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Randy D Moody

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/2001 813-684-4689

Date

Daytime Phone #

CR2E037 (10/00)