

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jul 13, 2000 8:00 am
Secretary of State

07-13-2000 90011 035 ****61.25

DOCUMENT # N99000006221

1. Entity Name

BELOVED TEENAGE PREGNANCY CENTER INC.

Principal Place of Business

Mailing Address

2623 CASTLE OAK AVE.
ORLANDO FL 32808

P.O. BOX 680724
ORLANDO FL 32868-0724

2. Principal Place of Business

3. Mailing Address

2623 Castle Oak Ave
Suite, Apt. #, etc.

2623 Castle Oak Ave
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

Orlando, FL

Orlando, FL

Zip

Country

32808

U.S.A.

Zip

Country

32808

U.S.A.

4. FEI Number

Applied For

59-3604725

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

HOSEA, FRANKIE A
2623 CASTLE OAK AVE.
ORLANDO FL 32808

Name
Frankie Hosea Brown

Street Address (P.O. Box Number is Not Acceptable)
2623 Castle Oak Ave

City
Orlando

FL

Zip Code
32808

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
Frankie Hosea Brown

(NOTE: Registered Agent signature required when re-stating)

DATE

4/19/00

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

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\$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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/CEO Frankie Brown 2623 Castle Oak Ave Orlando, FL 32808	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Armando Brown 4465 NW 207 Dr Miami, FL 33054	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Administrative Assistant Barbara J. Hosea 1920 N.W. 187th Terr Miami, FL 33056	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Francina Hosea 5010 Northlane Rd Orlando, FL 32812	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: Frankie Hosea (CEO)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/00 (407) 523-3608
Date Daytime Phone #