

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90011 043 ****61.25

DOCUMENT # 759968

1. Entity Name

H.O.P.E. OF LEE COUNTY, INC.

Principal Place of Business

**9470 HEALTHPARK CIR.
 FT MYERS FL 33908
 US**

Mailing Address

**9470 HEALTHPARK CIR.
 FT MYERS FL 33908-3600
 US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2128697

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BECKWITH, SAMIRA K.
 9470 HEALTHPARK CIR
 FT. MYERS FL 33908**

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

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

TITLE	P	<input type="checkbox"/> Delete
NAME	BECKWITH, SAMIRA	
STREET ADDRESS	9470 HEALTHPARK CIR	
CITY-ST-ZIP	FT. MYERS FL 33908	
TITLE	D	<input type="checkbox"/> Delete
NAME	REEVES, JIM JR. M.A.	
STREET ADDRESS	3840 BROADWAY	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE	D	<input type="checkbox"/> Delete
NAME	PONTIUS, LOU	
STREET ADDRESS	16742 PANTHER PAW COURT	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHROOP, RUSSELL	
STREET ADDRESS	1304 LYNWOOD AVE	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GILES, TOM	
STREET ADDRESS	1620 CAPE CORAL PKWY E	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	CD	<input type="checkbox"/> Delete
NAME	HUMPHREY, JIM	
STREET ADDRESS	1625 HENDRY ST	
CITY-ST-ZIP	FT. MYERS FL 33902	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles Sullivan	
STREET ADDRESS	12171 Iona Rd	
CITY-ST-ZIP	Ft. Myers, FL 33908	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Reeves, Jim Jr. MD	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steve Personette	
STREET ADDRESS	C/O Sprint, PO Box 370=MC1650	
CITY-ST-ZIP	Ft. Myers, FL 33902	
TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Grover Whidden	
STREET ADDRESS	C/O FPL, 1926 Victoria Ave	
CITY-ST-ZIP	Ft. Myers, FL 33901	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Leo Willenbacher	
STREET ADDRESS	C/O Yoder Brothers, 2201 Owanita Rd	
CITY-ST-ZIP	Alva, FL 33920	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEE ATTACHED SHEET	
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: *Jim Humphrey* (Jim Humphrey, CFO)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)