

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000005511

1. Entity Name

HOPE GARDENS OWNERS' ASSOCIATION, INC.

Principal Place of Business

C/O FORT MYERS COMMUNITY REDEVELOPMENT
3326 DR. MARTIN LUTHER KING JR., BLVD.
FORT MYERS FL 33916

Mailing Address

C/O FORT MYERS COMMUNITY REDEVELOPMENT
3326 DR. MARTIN LUTHER KING JR., BLVD.
FORT MYERS FL 33916

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SNEE, STEPHEN C
3326 DR. MARTIN LUTHER KING, JR. BLVD.
FORT MYERS FL 33916

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
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
ADAMS, HARRY G
3326 DR. MARTIN LUTHER KING, JR., BLVD.
FORT MYERS FL 33916 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
SNEE, STEPHEN C
3326 DR. MARTIN LUTHER KING, JR., BLVD.
FORT MYERS FL 33916 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
DOOLEY, BONNIE L
258 MAIN STREET
FORT MYERS FL 33905 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
RITCHIE, RITA M
14718 OLDE MILL POND COURT
FORT MYERS FL 33908 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WILLIAMS, MARY
3501 DALE STREET #C-13
FORT MYERS FL 33916 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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☐ Change ☐ 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:

Stephen C. Snee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-09-01

(941) 337-4111

Date

Daytime Phone #

CR2E037 (10/00)

0093123