

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2000 8:00 am
Secretary of State

07-28-2000 90002 024 ****61.25

DOCUMENT # N93000001328

1. Entity Name

DAYSTAR HOPE CENTER, INC. OF SPRING HILL, FLORID

Principal Place of Business

Mailing Address

P.O. BOX 5406
 SPRING HILL FL 34606

P.O. BOX 5406
 SPRING HILL FL 34606

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

59-3179359

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

GOSS, WILLIAM
6427 WEDGEWOOD CT.
SPRING HILL FL 34608

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
After September 13, 2000 min. will be \$236.25

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	PD	<input type="checkbox"/> Delete
NAME	BIERWILER, FRANK	
STREET ADDRESS	4526 DELTONA BLVD.	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CARIO, JEFFREY	
STREET ADDRESS	7361 FOREST OAKS BLVD	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOSS, WILLIAM	
STREET ADDRESS	6427 WEDGEWOOD CT	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	RENTZEL, JACK I	
STREET ADDRESS	6572 RIVER RUN	
CITY-ST-ZIP	HOMOSSASSA FL 34607	
TITLE	D	<input type="checkbox"/> Delete
NAME	KESSMAN, MARCIE	
STREET ADDRESS	5030 PLUMOSA	
CITY-ST-ZIP	SPRING HILL FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Margaret Bierwiler	
STREET ADDRESS	4526 Deltona Blvd.	
CITY-ST-ZIP	Spring Hill, FL 34606	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eleanor Goss	
STREET ADDRESS	6428 Wedgewood Ct	
CITY-ST-ZIP	Spring Hill, FL 34606	
TITLE	TD Goss	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William Goss	
STREET ADDRESS	6428 Wedgewood Ct	
CITY-ST-ZIP	Spring Hill, FL 34606	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Scott Bierwiler	
STREET ADDRESS	7083 Winter St	
CITY-ST-ZIP	Brooksville, FL 34601	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joann Di Laura	
STREET ADDRESS	7411 Wabash Trail	
CITY-ST-ZIP	Spring Hill, FL 34606	
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: *William Goss*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-22-00

Date

(352) 596-3546

Daytime Phone #