

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002002

1. Entity Name

OPERATION: NEW HOPE, INC.

FILED

00 MAY -2 PM 12:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

~~1131 N. LAURA STREET  
JACKSONVILLE FL 32206~~

~~1131 N. LAURA STREET  
JACKSONVILLE FL 32206 4911~~

2. Principal Place of Business

3. Mailing Address

1321 N. Main St

1321 N. Main St.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-3590360

Applied For

Not Applicable

Zip

Country

32206 USA

Zip

Country

32206 USA

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

INTRASTATE REGISTERED AGENT CORPORATION  
701 BRICKELL AVENUE  
SUITE 3000  
MIAMI FL 33131

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: D  Delete  
NAME: GAY, KEVIN  
STREET ADDRESS: 1131 N. LAURA STREET  
CITY-ST-ZIP: JACKSONVILLE FL 32206

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

TITLE: D  Delete  
NAME: HAYES, ED  
STREET ADDRESS: 1131 N. LAURA STREET  
CITY-ST-ZIP: JACKSONVILLE FL 32206

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

TITLE: D  Delete  
NAME: TURK, DAVETTE  
STREET ADDRESS: 1131 N. LAURA STREET  
CITY-ST-ZIP: JACKSONVILLE FL 32206

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS: 800003246788- - 0  
CITY-ST-ZIP: -05/10/00--01078--004  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

TITLE:  Delete  
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CITY-ST-ZIP:  Delete

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CITY-ST-ZIP:  Delete

TITLE:  Change  Addition  
NAME: TS  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  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: *Kevin T. Gray*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/31/00 904-354-4673  
Date Daytime Phone #