

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 738762

1. Entity Name

NEW HOPE CENTER, INC.

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90091 027 \*\*\*\*70.00

Principal Place of Business

Mailing Address

100 E. SYBELIA AVE.  
 300  
 MAITLAND FL 32751

100 E. SYBELIA AVE.  
 300  
 MAITLAND FL 32751-4758

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1791345

Applied For

Not Applicable

Zip

Country

Zip

Country

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

F & L CORP  
 200 LAURA ST  
 JACKSONVILLE FL 32201

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 ☐ Delete  
 NAME ARKIN, J. GORDON  
 STREET ADDRESS P.O. BOX 2193 N/A  
 CITY-ST-ZIP ORLANDO FL 32802-2193

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

TITLE ☐ Delete  
 NAME T  
 STREET ADDRESS COWHERD, JEFFREY B  
 CITY-ST-ZIP 2703 S ORANGE AVE  
 ORLANDO FL 32806

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

TITLE ☐ Delete  
 NAME V  
 STREET ADDRESS KOPKE, SALLY  
 CITY-ST-ZIP 301 NE IVANHOE BLVD  
 ORLANDO FL 32804

TITLE ☒ Change ☐ Addition  
 NAME C  
 STREET ADDRESS KOPKE, SALLY  
 CITY-ST-ZIP 301 NE IVANHOE BLVD.  
 ORLANDO FL, 32804

TITLE ☒ Delete  
 NAME D  
 STREET ADDRESS ROLLE, CHRISTOPHER D  
 CITY-ST-ZIP 390 N ORANGE AVE  
 ORLANDO FL 32801

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

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS HOMAYSSI, RUBY  
 CITY-ST-ZIP 1409 PYLEWOOD STREET  
 FERN PARK FL 32730

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME S  
 STREET ADDRESS JOHN P. SABOUR  
 CITY-ST-ZIP 126 EAST LUCAS AVE Suite A  
 ORLANDO FL, 32801

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFFREY  
 COWHERD

TREASURER

Date

Daytime Phone #

4/24/2000 (407) 629-8920

CR2E037 (9/99)