

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 09, 2002 8:00 am**  
**Secretary of State**

05-09-2002 90050 050 \*\*\*\*61.25

**DOCUMENT # F98000005625**

1. Entity Name

**HOPE CHARITIES CORP.**

Principal Place of Business

Mailing Address

607 S. ALEXANDER ST. SUITE 203  
PLANT CITY FL 33566

607 S. ALEXANDER ST. SUITE 203  
PLANT CITY FL 33566

2. Principal Place of Business

3. Mailing Address

302 N. Palm Dr.

302 N. Palm Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

103

103

City & State

City & State

Plant City FL

Plant City FL

Zip

Zip

33566

33566

Country

Country

Hillsborough

Hillsborough

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AULT, CHARLES  
5443 BERNADETTE DR  
ZEPHYRHILLS FL 33541

Name OSBORNE DAVID C.

Street Address P.O. Box Number is Not Acceptable  
2003 W. SANDALWOOD DR N.

City PLANT CITY

FL

Zip Code 33566

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

David C. Osborne Reg. Agent

David C. Osborne

DATE

4/20/02

**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 NAME STREET ADDRESS CITY-ST-ZIP	C OSBORNE, DAVID 2003 W. SANDALWOOD DR N PLANT CITY FL 33566	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARVER, JOYCE 38105 13TH AVE ZEPHYRHILLS FL 33541	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AULT, CHARLES 5443 BERNADETTE DR ZEPHYRHILLS FL 33541	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/02

813-299-1451

Date

Daytime Phone #

CH2E037 (9/01)