

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90076 030 ****61.25

DOCUMENT # **F99 000004964**

1. Entity Name

Giving Hope, Inc.

Principal Place of Business

Mailing Address

**8825 Boggy Creek Rd.
 Orlando FL 32824**

**8825 Boggy Creek Rd.
 Orlando, FL 32824**

2. Principal Place of Business

3. Mailing Address

**8825 Boggy Creek Rd.
 Suite, Apt. #, etc.
 Orlando FL**

**8825 Boggy Creek Rd.
 Suite, Apt. #, etc.
 Orlando FL**

City & State

City & State

Orlando FL

Orlando FL

Zip

Country

Zip

Country

32824

Orange

32824

Orange

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

William J. Merz

Street Address (P.O. Box Number is Not Acceptable)

8825 Boggy Creek Rd.

City

Orlando

FL

Zip Code

32824

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 **President** ☐ Delete
 NAME **Richard Goad**
 STREET ADDRESS **100 Acadia Terrace**
 CITY-ST-ZIP **Celebration, FL 32824**

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

TITLE **Vice President** ☐ Delete
 NAME **Timothy Goad**
 STREET ADDRESS **1282 Eastpark Drk Rd.**
 CITY-ST-ZIP **Celebration, FL**

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

TITLE **Vice President** ☐ Delete
 NAME **Carolyn Goad-ANKALLA**
 STREET ADDRESS **201 Eastpark Dr.**
 CITY-ST-ZIP **Celebration, FL**

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

TITLE **VICE President** ☐ Delete
 NAME **Curtis Goad**
 STREET ADDRESS **520 Claredon Ave.**
 CITY-ST-ZIP **Celebration, FL**

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

TITLE **Secretary** ☐ Delete
 NAME **George M. Hoffman**
 STREET ADDRESS **1176 Scarlet Court**
 CITY-ST-ZIP **Westerville, OH 43081**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Goad

2/20/01

Date

(407) 472-7000

Daytime Phone #

CR2E037 (11/00)