

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 25, 2003 8:00 am**  
**Secretary of State**

08-25-2003 90107 037 \*\*\*\*70.00

**DOCUMENT # N00000002197**

1. Entity Name

**NEW HOPE IN UNITY, INC.**



Principal Place of Business

**3512 OKEECHOBEE ROAD  
SUITE 5 & 5  
FORT PIERCE FL 34947**

Mailing Address

**POST OFFICE BOX 2625  
FORT PIERCE FL 34954**

2. Principal Place of Business

3. Mailing Address

**313 N 25th St**

Suite, Apt. #, etc.

City & State

**Fort Pierce, FL**

City & State

Zip

**34950**

Country

**St. Lucie**

Zip

Country

4. FEI Number **65-1021744**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JULES, ROBERT L  
2308 S. 29TH STREET  
APT. 14  
FT. PIERCE FL 34981**

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. I am familiar with, and accept the obligations of registered agent.

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 10, 2003, min will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>VALSAINT, LANAISE</b>	
STREET ADDRESS	<b>162 DALVA AVENUE</b>	
CITY-ST-ZIP	<b>PORT ST. LUCIE FL 34984</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ST. FLEUR, DAVID</b>	
STREET ADDRESS	<b>510 S. 25TH STREET</b>	
CITY-ST-ZIP	<b>FORT PIERCE FL 34950</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FRANCOIS, AMEON</b>	
STREET ADDRESS	<b>405 N. 9TH STREET</b>	
CITY-ST-ZIP	<b>FT. PIERCE FL 34950</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>JULES, ROBERT L</b>	
STREET ADDRESS	<b>2308 S. 29TH ST, APT 14</b>	
CITY-ST-ZIP	<b>FORT PIERCE FL 34981</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>GLEZIA, EXAMINE</b>	
STREET ADDRESS	<b>306 N. 18TH ST.</b>	
CITY-ST-ZIP	<b>FORT PIERCE FL 34950</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>CAJUSTE, JEAN WILDO</b>	
STREET ADDRESS	<b>2506 J. 15TH ST</b>	
CITY-ST-ZIP	<b>FORT PIERCE FL 34982</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Vasthie Dessources</b>	
STREET ADDRESS	<b>78 Virginia Park BLVD</b>	
CITY-ST-ZIP	<b>Fort Pierce, FL 34947</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
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:

**SIGNATURE REQUIRED**

*Robert L Jules*

**8-20-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)