

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90085 033 *****61.25

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DOCUMENT # N00000005060

1. Entity Name

NEW HOPE COMMUNITY OF PINELLAS, INC.

Principal Place of Business

1412 QUAIL DRIVE
 PALM HARBOR FL 34683

Mailing Address

1412 QUAIL DRIVE
 PALM HARBOR FL 34683

2. Principal Place of Business

2706 Alternate 19 N

3. Mailing Address

2706 Alternate 19 N

Suite, Apt. #, etc.

Suite 309

Suite, Apt. #, etc.

Suite 309

City & State

Palm Harbor, FL

City & State

Palm Harbor, FL

Zip

34683

Country

USA

Zip

34683

Country

USA

4. FEI Number

59-3662320

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KALIL, RICHARD C
1412 QUAIL DRIVE
PALM HARBOR FL 34683

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete
 NAME **TRUSTEE RICHARD KALIL**
 STREET ADDRESS **1412 QUAIL DRIVE**
 CITY-ST-ZIP **PALM HARBOR, FL 34683**

TITLE ☐ Delete
 NAME **TRUSTEE FRANKLYN WOLLETT**
 STREET ADDRESS **1960 DUNBRODY CT**
 CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE ☐ Delete
 NAME **TRUSTEE MICHAEL ROGERS**
 STREET ADDRESS **2720 ONIZUKA CT**
 CITY-ST-ZIP **PALM HARBOR, FL 34683**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)