

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

0021168

DOCUMENT # N00000005067

1. Entity Name

NEW HOPE CHARTER HIGH SCHOOL PROJECT, INC.

05-15-2001 90070 008 ****61.25

Principal Place of Business

7031 NW 95TH ST
 CHIEFLAND FL 32626

Mailing Address

P O BOX 2102
 CHIEFLAND FL 32644

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

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

TRENT, ZARADA R
 7031 NW 95TH ST
 CHIEFLAND FL 32626

Name: Patsy J. Bradley

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

Hc 1 Box 15

City

Old Town

FL

Zip Code

32680

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

Patsy Bradley, Director

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/30/01

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	D	<input checked="" type="checkbox"/> Delete
NAME	TRENT, ZARADA	
STREET ADDRESS	7031 NW 95TH ST	
CITY-ST-ZIP	CHIEFLAND FL 32626	
TITLE	D	<input type="checkbox"/> Delete
NAME	FARROW, GEORGE	
STREET ADDRESS	9331 NW 120TH ST	
CITY-ST-ZIP	CHIEFLAND FL 32626	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARLSON, PAUL	
STREET ADDRESS	10731 NE 124TH ST	
CITY-ST-ZIP	ARCHER FL 32618	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHULTZ, BOBBIE	
STREET ADDRESS	9251 NW 130TH ST	
CITY-ST-ZIP	CHIEFLAND FL 32626	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SPANN, PRENTICE	
STREET ADDRESS	16051 NW HWY 129	
CITY-ST-ZIP	TRENTON FL 32693	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Patsy J. Bradley	
STREET ADDRESS	Hc 1 Box 15	
CITY-ST-ZIP	Old Town, FL 32680	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Dennis Grosskopf	
STREET ADDRESS	Rt. 1 Box 175-P	
CITY-ST-ZIP	Monticello, FL	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Beth Hott	
STREET ADDRESS	P.O. Box 2271	
CITY-ST-ZIP	Alachua, FL 32616	
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:

Patsy Bradley

4/30/01

352-490-6690
 352-490-5799

CR2E037 (10/00)