

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000005518

1. Entity Name

HOPE PROPERTIES, INC.

FILED

Mar 12, 2001 8:00 am  
Secretary of State

03-12-2001 90506 048 \*\*\*\*70.00

Principal Place of Business

1550 ORANGE BLOSSOM TRAIL NE  
PALM BAY FL 32905

Mailing Address

1550 ORANGE BLOSSOM TRAIL NE  
PALM BAY FL 32905

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3663559

Applied For

Not Applicable

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

GILBERT, SHERRY  
1550 ORANGE BLOSSOM TRAIL, NE  
PALM BAY FL 32905

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME GILBERT, JACK  
STREET ADDRESS 1550 ORANGE BLOSSOM TRAIL, NE  
CITY-ST-ZIP PALM BAY FL 32905

TITLE D ☐ Change ☒ Addition  
NAME Terry Morris  
STREET ADDRESS 1824 S. Harbor City Blvd  
CITY-ST-ZIP Melbourne, FL 32901

TITLE D ☐ Delete  
NAME FAIRBANKS, JIM  
STREET ADDRESS 2302 PORT MALABAR RD.  
CITY-ST-ZIP PALM BAY FL 32905

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

TITLE D ☐ Delete  
NAME SWENSEN, DAN  
STREET ADDRESS 9848 PINE ST.  
CITY-ST-ZIP MICCO FL 32976

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

Date

Daytime Phone #

3/6/01

321 952-5352

CR2E037 (10/00)