

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 07, 2003 8:00 am**  
**Secretary of State**

07-07-2003 90136 035 \*\*\*\*61.25

**DOCUMENT #** N00000005518

**1. Entity Name**

HOPE PROPERTIES, INC.



**DO NOT WRITE IN THIS SPACE**

**90140607**

**2. Principal Place of Business**

1550 Orange Blossom Trail

Suite, Apt. #, etc.

**3. Mailing Address**

SAME

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**  
Palm Bay, FL

**City & State**

**4. FEI Number**  
59-3663559

**Applied For**  
Not Applicable

**Zip**  
32905

**Country**  
Brevard

**Zip**

**Country**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**7. Name and Address of Current Registered Agent**

**Name**  
John R. (Jack) Gilbert

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

1550 Orange Blossom Trail

**City**  
Palm Bay

**FL**

**Zip Code**  
32905

**DO NOT WRITE  
IN THIS SPACE**

**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**

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**

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

**9. Election Campaign Financing**  
Trust Fund Contribution, ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
DIRECTOR,  
GILBERT, JOHN R. (JACK) 1550  
Orange Blossom Trail, NE  
Palm Bay, FL 32905

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
DIRECTOR  
FAIRBANKS, JIM  
158 Heck Road  
Decatur, TN 37322

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
DIRECTOR  
SWENSON, DAN  
9848 Pine St.  
Micco, FL 32976

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
DIRECTOR  
MORRIS, TERRY  
1824 S. Harbor City Blvd.  
Melbourne, FL 32901

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
DIRECTOR \*\*\* ADD \*\*\*  
PICKETT, ROBERT C.  
458 St. Johns Drive  
Satellite Beach, FL 32937

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
DIRECTOR \*\*\* ADD \*\*\*  
VAN VUREN, DIRK  
5195 Dalehurst Drive  
Cocoa, FL 32926

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**DO NOT WRITE  
IN THIS SPACE**

**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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.**

**SIGNATURE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/12/03

Date

321-768-9707

Daytime Phone #

CR2E034B (12/02)