2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0000007284

1. Entity Name

HOPE HOUSE COMMUNITY DEVELOPMENT CORPORATION



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Principal Place of Business Mailing Address					SECFE	TARY OF STATE	
C/O HOPE HOUSE OF THE PALM BEACHES, INC. 2001 PALM BEACH LAKES BLVD. STE 500 W PALM BEACH FL 33409			C/O HOPE HOUSE OF THE PALM BEACHES, INC. 2001 PALM BEACH LAKES BLVD, STE 500 W PALM BEACH FL 33409		INC. TALLAH	TARY OF STATE ASSEE, FLORIDA	
						13())	88)() (88)8 (188) (80)() 8(8) (80)
2. Principal Place of Business			3. Mailing Address				00M (886 H881 18M 81M 81M
Suite, Apt. #, etc.			Suite, Apt. #, etc.		- G	DO NOT WRITE IN THIS	SPACE
City & State			City & State		4. FEI Number	2690393	Applied For Not Applicable
Zip . Country		Zip Country		5. Certificate of S		\$8.75 Additional	
	6. Name ar	nd Address of Current	Registered Agent	<u> </u>	7. Name and Ad	dress of New Registered	Fee Required
				Name	0 1/		Ageni
SELF, DAVID C II				Street Address (P.O. Box Number is Not Acceptable)			
C/O CLYNE & SELF, P.A.				0.6	1 0		
324 DATURA ST, STE 235				200	1 PA/M BEACH	IKS Blad ST	te 500
W PALM	BEACH FL 33	1401		Wes	+ PAIM BEACH	FL	- 33 40 9
8. The above	e named entity s	submits this statement for	r the purpose of changing its	registered office o	registered agent, or both, in	n the state of Florida.	
	BAIL	$-\Omega$	1 1/0/			01,	111
SIGNATURE	12HI	Druc	e K. 1711/1	tend		9//0	5/0/
	Signature, typed or p	printed name of registered agent a	and title if applicable. (NOT	E: Registered Agent signat	ure required when reinstating)	DATE	
			·		1000		
		FEE IS \$61.25	•	mpaign Financing	\$5.00 May Be		k Payable to
		FEE IS \$61.25 001, min. will be \$2	•		\$5.00 May Be Added to Fees		ck Payable to ent of State
	tember 12, 20		36.25 Trust Fund (Contribution.	Added to Fees ADDITIONS/CHANG		ent of State
After September 10.	tember 12, 20	OFFICERS AND DIR	36.25 Trust Fund (11.	Added to Fees ADDITIONS/CHANG	Departments DES TO OFFICERS AND D	IRECTORS IN 10 Change Addition
After September 10. TITLE NAME	D RILEY, ROS	OFFICERS AND DIR	Trust Fund (11.	Added to Fees ADDITIONS/CHANG	Departments DES TO OFFICERS AND D	IRECTORS IN 10 Change Addition
After September 10.	D RILEY, ROS 1700 EMBA	OFFICERS AND DIR	Trust Fund (11.	Added to Fees ADDITIONS/CHANGE BULLE HAIS TEND ADDITIONS/CHANGE ADDITIONS/CHANGE	Department	IRECTORS IN 10 Change Addition
10. TITLE NAME STREET ADDRESS	D RILEY, ROS 1700 EMBA W PALM BE	OFFICERS AND DIR ALIND R SSY DR EACH FL 33401	Trust Fund (TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees ADDITIONS/CHANGE BULLE HAIS-tend 2001 PAIM BERCH West roum Beach	Department DESTO OFFICERS AND D D INJ Blud Stc 50	RECTORS IN 10 Change Addition
After September 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D RILEY, ROS 1700 EMBA W PALM BE D HAMPTON-H	OFFICERS AND DIR ALIND R SSY DR EACH FL 33401	Trust Fund (RECTORS	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Added to Fees ADDITIONS/CHANGE BRUCE HAIS tend 2001 PAIM BEACK VEST PAIM BEACK ROSIIMNO RI 2001 PAIM BE	Department DEST OFFICERS AND D	IRECTORS IN 10 Change Addition Change Addition Change Addition
After September 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D RILEY, ROS 1700 EMBA W PALM BE D HAMPTON-H 1908 GRAN	OFFICERS AND DIR ALIND R SSY DR ACH FL 33401 KISNER, MAMI THAM CT	Trust Fund (RECTORS	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Added to Fees ADDITIONS/CHANGE BULLE HAIS-tend 2001 PAIM BERCH West roum Beach	Department DESTO OFFICERS AND DE	RECTORS IN 10 Change Addition
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12. I hereby certify that the information supplied with this filling 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:

SACHERER PROUBITION A. HAIS + pol

9/10/61

861-697-2600