

2002 UNIFORM BUSINESS REPORT (UBR)

0010352

DOCUMENT # N00000007284

1. Entity Name

HOPE HOUSE COMMUNITY DEVELOPMENT CORPORATION

FILED

02 OCT -7 PM 2:31

Principal Place of Business

Mailing Address

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2001 Palm Beach Lakes Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

West Palm Bch FL

Zip

Country

Zip

Country

33409

Palm Bch

4. FEI Number

59-2690393

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

HALSTEAD, BRUCE

2001 PALM BEACH LKS BLVD STE 500
WEST PALM BEACH FL 33409

Name

Angela Rose

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

2001 Palm Bch Lakes Blvd Ste 200

City

West Palm Bch

FL

Zip Code

33409

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

After September 13, 2002,
min. will be \$236.25.

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
NAME RILEY, ROSALIND R
STREET ADDRESS 1700 EMBASSY DR
CITY-ST-ZIP W PALM BEACH FL 33401 ☒ Delete

TITLE ED
NAME Rose, Angela
STREET ADDRESS 2001 Palm Bch Lakes Blvd, Ste 200
CITY-ST-ZIP West Palm Beach FL 33409 ☒ Change ☐ Addition

TITLE D
NAME HAMPTON-KISNER, MAMI
STREET ADDRESS 1908 GRANTHAM CT
CITY-ST-ZIP W PALM BEACH FL 33414 ☒ Delete

TITLE PD
NAME Dever, Lisa
STREET ADDRESS 2001 Palm Bch Lakes Blvd, Ste 200
CITY-ST-ZIP West Palm Bch FL 33409 ☒ Change ☐ Addition

TITLE ED
NAME HALSTEAD, BRUCE
STREET ADDRESS 2001 PALM BEACH LKS BLVD STE 500
CITY-ST-ZIP WEST PALM BEACH FL 33409 ☒ Delete

TITLE S
NAME Chapman-Brown, Paulette
STREET ADDRESS 2001 Palm Bch Lakes Blvd, Ste 200
CITY-ST-ZIP West Palm Bch FL 33409 ☒ Change ☐ Addition

TITLE V
NAME RILEY, ROSLIAND
STREET ADDRESS 2001 PALM BEACH LAKES BLVD STE 500
CITY-ST-ZIP WEST PALM BEACH FL 33409 ☒ Delete

TITLE VD
NAME Stiebel-Chin Greta
STREET ADDRESS 2001 Palm Bch Lakes Blvd, Ste 200
CITY-ST-ZIP W P B FL 33409 ☒ Change ☐ Addition

TITLE S
NAME DAY, MARY
STREET ADDRESS 2001 PALM BEACH LAKES BLVD #500
CITY-ST-ZIP WEST PALM BEACH FL 33409 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
7000008284117--5
-10/09/02--01039--001
****210.00 *****70.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

8-19-02 697-2600

CR2E037 (4/02)