

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

03-31-2002 90359 045 ****61.25

DOCUMENT # NO10000002048

1. Entity Name

BRIGHT HOPES INC ✓**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

7071 Lakeridge Ct.

3. Mailing Address

P.O. Box 60663

Suite, Apt. #, etc.

#209

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Fort Myers

City & State

Fort Myers, FL

4. FEI Number

31-1746867

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name

ROBERTA Mendez

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

14931 ParkLake Dr. #312

City

Fort Myers

FL

Zip Code

33919**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.

SIGNATURE

Roberto Mendez

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-17-02**FEE IS \$61.25
Initial or Amended UBR**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>FOUNDER</u> <u>Juan Pablo Mendez JD</u> <u>14931 ParkLake Dr. #312</u> <u>Fort Myers, FL 33919</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Registered Agent</u> <u>ROBERTA Mendez</u> <u>14931 ParkLake Dr. #312</u> <u>Fort Myers, FL 33919</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Director of Services</u> <u>LARRY GRAZIANO D</u> <u>2402 Palmridge Rd</u> <u>Saribel, FL 33957</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Director of Organization Funding</u> <u>JO-Ann Franz</u> <u>4230 JACK Frost Ct. Apt. 3</u> <u>Naples, FL 34112-5200</u>
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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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE

Roberto Mendez ROBERTA Mendez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-02

Date

4104301

Daytime Phone #

CR2037B (12/01)