

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 93593 025 ****61.25

DOCUMENT # NO1000008943

1. Entity Name

A PLACE OF HOPE INC.

Principal Place of Business

Mailing Address

~~6066 CAYMUS LOOP~~
~~WINDERMERE FL 34786~~

~~6066 CAYMUS LOOP~~
~~WINDERMERE FL 34786~~

322 CENTRAL BLVD, Suite 1401
ORLANDO, FL 32801

322 CENTRAL BLVD Suite 1401
ORLANDO, FL 32801

2. Principal Place of Business

322 CENTRAL BLVD EAST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1401

City & State

ORLANDO, FL

City & State

4. FEI Number

59 3733321

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

NORMAN, FRANCINA

~~6066 CAYMUS LOOP~~

~~WINDERMERE FL 34786~~

322 E CENTRAL BLVD.

SUITE 1401

ORLANDO, FL 32801

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.

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\$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	<input type="checkbox"/> Delete
NAME	NORMAN, MICHAEL	
STREET ADDRESS	6066 CAYMUS LOOP	
CITY-ST-ZIP	322 E CENTRAL BLVD. WINDERMERE FL 34786 SUITE 1401 ORLANDO FL 32801	
TITLE	D	<input type="checkbox"/> Delete
NAME	NORMAN, FRANCINA	
STREET ADDRESS	6066 CAYMUS LOOP	
CITY-ST-ZIP	322 E CENTRAL BLVD SUITE 1401 WINDERMERE FL 34786 ORLANDO, FL 32805	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NORMAN, MARK	
STREET ADDRESS	6066 CAYMUS LOOP	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LATAU MARTIN NORMAN	
STREET ADDRESS	6066 CAYMUS LOOP	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE	<input type="checkbox"/>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LATAU MARTIN	
STREET ADDRESS	322 E CENTRAL BLVD. SUITE 1401	
CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

CR2E037 (9/01)