

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 25, 2003 8:00 am**  
**Secretary of State**

0001196

**DOCUMENT # NO2000003438**

1. Entity Name

**GYPSY HOPE, INC.**



Principal Place of Business

**1341 IDA STREET  
JACKSONVILLE FL 32208**

Mailing Address

**1341 IDA STREET  
JACKSONVILLE FL 32208**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**02 0590814**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ROUNDTREE, ROBIN  
1341 IDA STREET  
JACKSONVILLE FL 32208**

7. Name and Address of New Registered Agent

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. 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

**FILE NOW: FEE IS \$61.25  
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☐ Delete  
NAME **ROUNDTREE, ROBIN**  
STREET ADDRESS **1341 IDA ST**  
CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE **DT** ☒ Change ☐ Addition  
NAME **JOHNS, BRENDA**  
STREET ADDRESS **4966 SOUTH WARK DR N**  
CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE **DS** ☒ Delete  
NAME **TOLAR,**  
STREET ADDRESS **8410 SPICEWOOD DR**  
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **DS** ☐ Change ☒ Addition  
NAME **TOLOMEI, NICK**  
STREET ADDRESS **445 PINE RIDGE RD.**  
CITY-ST-ZIP **LACEYS SPRING AL 35754**

TITLE **DT** ☒ Delete  
NAME **SIMONS, CHRIS**  
STREET ADDRESS **4263 SPRINGWOOD RD**  
CITY-ST-ZIP **JACKSONVILLE FL 32207**

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

TITLE **D** ☐ Delete  
NAME **JOHNS, BRENDA**  
STREET ADDRESS **4966 SOUTH WARK DR N**  
CITY-ST-ZIP **JACKSONVILLE FL 32257**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: ROBIN L. ROUNDTREE 7/14/03 9043498711**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (4/03)