

108000007543

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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DIVISION OF CORPORATIONS  
13 JUL 22 PM 2:20

JUL 24 2013

T. BROWN

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Eugene Alexander Hope Foundation  
(Name of Corporation)

**DOCUMENT NUMBER:** N08000007543

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following: *Susan Kauffman*  
*is resigning as*  
*registered agent.*

Eugene Stutzman  
(Name of Person)

Eugene Alexander Hope Foundation  
(Name of Firm/Company)

500 N. Jefferson B-2  
(Address)

Sarasota, FL 34237  
(City/State and Zip Code)

For further information concerning this matter, please call:

Eugene Stutzman at (941) 993-3985  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 JUL 22 PM 2:20

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, Susan Kauffman  
(Name of Registered Agent)

hereby resigns as Registered Agent for Eugene Alexander Hope  
(Name of Corporation)

NO8000007543  
(Document Number, if known)

Foundation  
Inc.

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

[Signature]  
(Signature of Resigning Agent)

If signing on behalf of an entity:

Susan Kauffman  
(Typed or Printed Name)

President/Treasurer (please note that  
(Capacity)

**Fee for filing this document:**

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/  
withdrawn corporation

Make checks payable to Florida Department of State and mail to:

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

I am in process  
of resigning as  
President/Treasurer  
as well -  
paperwork for  
those resignations  
have been  
submitted  
simultaneously.)