

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N17069

1. Entity Name

CHILDREN'S HOPE, INC.

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90032 010 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1300 N. FLORIDA MANGO ROAD  
 SUITE 21  
 WEST PALM BEACH FL 33409  
 US

1300 N. FLORIDA MANGO ROAD  
 SUITE 21  
 WEST PALM BEACH FL 33409  
 US

2. Principal Place of Business

59135 Dixie Highway  
 Suite, Apt. #, etc.  
 2nd Floor

City & State  
 West Palm Beach FL

Zip  
 33405

Country

US

3. Mailing Address

59135 Dixie Highway  
 Suite, Apt. #, etc.  
 2nd Floor

City & State  
 West Palm Beach FL

Zip  
 33405

Country

US

A0049590



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2725289

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

FRANK, JULIANNE R  
 11380 PROSPERITY FARMS RD. #114  
 PALM BEACH GARDENS FL 33410

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.

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. ☐

\$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	P LUCAS, HAZEL 423 FERN ST STE 220 W PALM BEACH FL 33401	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GARAT, GARY 2161 PALM BEACH LAKES STE 450 WEST PALM BEACH FL 33409	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FITZGERALD, SHIRLEY 9144 E HIGHLAND PINES BLVD PALM BEACH GARDENS FL 33418	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRANK, JULIANNE 3300 PGA BLVD STE 500 WEST PALM BEACH FL 33410	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MARINARO, BEVERLY 4697 NW 6TH COURT DELRAY FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Valerie Costelloe 4645 Vespasian Ct Lake Worth, FL 33463	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer H. Zacharia 2325 Lake Lane West Palm Beach, FL 33409	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Danielle Roussel 605 6th Lane West Palm Beach	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Susan Rowe 1655 Alexander Run Jupiter, FL 33478	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

V. Costelloe REVALUED Costelloe, Pres. 2.28.01

561.540.5606

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)