

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N21276

1. Entity Name

HOPE HOUSE OF THE PALM BEACHES, INC.

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90009 010 ****70.00

Principal Place of Business

2001 PALM BEACH LAKES
SUITE 500
WEST PALM BEACH FL 33409
US

Mailing Address

POST OFFICE BOX 4562
WEST PALM BEACH FL 33405

2. Principal Place of Business

2001 Palm Beach Lakes Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2690393

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WALKER, DAVID
2001 PALM BEACH LAKES, SUITE 500
WEST PALM BEACH FL 33409

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

After September 13, 2000 min. will be \$236.25

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	ED	<input type="checkbox"/> Delete
NAME	WALKER, DAVID	
STREET ADDRESS	2001 PALM BEACH LAKES SUITE 500	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	STOUT, ZOE	
STREET ADDRESS	240 CHURCHILL ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
TITLE	President	<input type="checkbox"/> Delete
NAME	JOHN KISNER, MAMI	
STREET ADDRESS	1908 GRANTHAM CT	
CITY-ST-ZIP	WEST PALM BEACH FL 33414	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BLUM, EVELYN	
STREET ADDRESS	2305 S FLAGLER DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WASHINGTON, WILLIAM S	
STREET ADDRESS	1541 W. BLUE HERRON BLVD.	
CITY-ST-ZIP	RIVERA BEACH FL 33404	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	1st Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Prewitt Coleman	
STREET ADDRESS	2001 Palm Beach Lakes Blvd., Suite 500	
CITY-ST-ZIP	West Palm Beach, FL 33409	
TITLE	2nd Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stiebel-Chin Greta	
STREET ADDRESS	2001 Palm Beach Lakes Blvd., Suite 500	
CITY-ST-ZIP	West Palm Beach, FL 33409	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robinson Aubin	
STREET ADDRESS	2001 Palm Beach Lakes Blvd., Suite 500	
CITY-ST-ZIP	West Palm Beach, FL 33409	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hodge Tanya	
STREET ADDRESS	2001 Palm Beach Lakes Blvd., Suite 500	
CITY-ST-ZIP	West Palm Beach, FL 33409	
TITLE	Officer (At-Large)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Williams Juan	
STREET ADDRESS	2001 Palm Beach Lakes Blvd., Suite 500	
CITY-ST-ZIP	West Palm Beach, FL 33409	
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/18/00

CF E037 (6-00)