

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N21276

1. Entity Name

HOPE HOUSE OF THE PALM BEACHES, INC.

APPROVED  
AND  
FILED

01 OCT -3 AM 9:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2001 PALM BEACH LAKES BLVD.  
WEST PALM BEACH FL 33409  
US

Mailing Address

POST OFFICE BOX 4562  
WEST PALM BEACH FL 33405

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

59-2690393

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

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

Bruce HAISTEAD

Street Address (P.O. Box Number is Not Acceptable)

2001 PALM BEACH LAKES SUITE 500

City

West PALM BEACH

FL

Zip Code

33409

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 12, 2001, 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 checked="" type="checkbox"/> Delete
NAME	WALKER, DAVID	
STREET ADDRESS	2001 PALM BEACH LAKES SUITE 500	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	COLEMAN, PREWITT	
STREET ADDRESS	2001 PALM BEACH LAKES BLVD., #500	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE	P	<input type="checkbox"/> Delete
NAME	KISNER, MAMI	
STREET ADDRESS	1908 GRANTHAM CT	
CITY-ST-ZIP	WEST PALM BEACH FL 33414	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STIEBEL-CHIN, GRETA	
STREET ADDRESS	2001 PALM BEACH LAKES BLVD.	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ROBINSON, AUBIN	
STREET ADDRESS	2001 PALM BEACH LAKES BLVD.	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HODGE, TANYA	
STREET ADDRESS	2001 PALM BEACH LAKES BLVD.	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ED	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bruce HAISTEAD	
STREET ADDRESS	2001 PALM BEACH LAKES SUITE 500	
CITY-ST-ZIP	West PALM BEACH FL 33409	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSE and Riley	
STREET ADDRESS	2001 PALM BEACH LAKES BLVD # 500	
CITY-ST-ZIP	West PALM BEACH FL 33409	
TITLE	MARY DAY - SEC.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	9043 E. HIGHLAND PINES BLVD	
STREET ADDRESS	P. BEACH GARDENS FL	
CITY-ST-ZIP	33418	
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 Required

9/10/01

561-697-2600

CR2E037 (5/01)