

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

DOCUMENT # N41103

1. Entity Name

Hopewell Farms
Property Owners' association, Inc.

APPROVED
AND
FILED

02 DEC -4 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Hopewell Farms rd

3. Mailing Address

40 John Bethea (POA)

Suite, Apt. #, etc.

CR 360

Suite, Apt. #, etc.

PO BOX 1042

City & State

Madison, FL

City & State

Madison, FL

Zip

32341

Country

Madison

Zip

32341

Country

Madison

4. FEI Number

N/A

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

John M. Bethea

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

Hopewell Farms rd. CR 360

City

Madison, FL

Zip Code

32341

**DO NOT WRITE
IN THIS SPACE**

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

John M. Bethea - John M. Bethea President Oct. 30, 2002

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

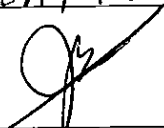


Initial or Amended UBR

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 | President <u>John M. Bethea (T)</u> <u>Hopewell Farms rd.</u> <u>Madison, FL. 32341</u> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V-President <u>Walter Graham Jr. (T)</u> <u>Hopewell Farms rd</u> <u>Madison, FL. 32341</u> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Treasurer <u>RUTH CASE (T)</u> <u>HOPWELL FARMS RD.</u> <u>Madison, FL. 32341</u> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  |

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 600008881196 11/08/02--01005--015 **\$1.25 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DO NOT WRITE IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE

John M. Bethea - John M. Bethea President Oct. 30, 2002 973-9445

CR2E037B (12/01)