

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N48649**

1. Entity Name

**THE HOPE CENTER FOUNDATION, INC.**

Principal Place of Business

**666 SW 4TH STREET  
MIAMI FL 33130**

Mailing Address

**666 SW 4TH STREET  
MIAMI FL 33130**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0331601**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HELLINGER, ANDREW B  
200 S. BISCAYNE BLVD  
2350  
MIAMI FL 33131**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ADER, MARSHALL</b>	
STREET ADDRESS	<b>1717 N BAYSHORE DR 2656</b>	
CITY-ST-ZIP	<b>MIAMI FL 33129</b>	

TITLE	<b>TREASURER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CLAY CAMPBELL</b>	
STREET ADDRESS	<b>9400 S DADELAND BLVD #111</b>	
CITY-ST-ZIP	<b>MIAMI FL 33156</b>	

TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>BLANK, TONY</b>	
STREET ADDRESS	<b>9350 S DIXIE HIGHWAY 900</b>	
CITY-ST-ZIP	<b>MIAMI FL 33156</b>	

TITLE	<b>VICEPRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SHAUN ORCINOLO</b>	
STREET ADDRESS	<b>150 PINE ISLAND RD # 210</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33324-2667</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>NELSON, THEODORE R</b>	
STREET ADDRESS	<b>1135 KANE CONCOURSE</b>	
CITY-ST-ZIP	<b>BAY HARBOR ISLAND FL</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/9/01**

Date

Daytime Phone #

**FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90142 020 \*\*\*\*70.00

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DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)