

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State
 02-29-2000 90156 029 ****61.25

DOCUMENT # N50918

1. Entity Name

BOOK OF HOPE, INC.

Principal Place of Business

Mailing Address

1100 S STATE RD #7
 SUITE 201
 MARGATE FL 33068
 US

1100 S. STATE RD #7
 SUITE #201
 MARGATE/FL 33068
 US

00004444



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3111 SW 10th St.

3. Mailing Address

3111 SW 10th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pompano Beach FL

City & State

Pompano Beach FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip
 33069

Country
 USA

Zip
 33069

Country
 USA

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

CORPORATION COMPANY OF MIAMI INC.
 1500 MIAMI CENTER
 201 S. BISCAYNE BLVD.
 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D/P
 HOSKINS, ROBERT D.
 1100 S. STATE RD. 7, #100
 MARGATE FL 33068 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DST
 BAUGHMAN, MARILYN
 537 NW 46TH AVE.
 DEERFIELD FL 33442 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DV
 BERKEY, DALE
 60 SHIawassee AV. SUITE G
 AKRON OH 44333-3755 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DMO
 CULBRETH, CECIL
 1409 COOLHURST
 SHERWOOD AR 72120 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ 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:

MARILYN BAUGHMAN

4/16/2000

954-984-8494

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)