

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000760

1. Entity Name

NEW HOPE ASSEMBLY, INC.

FILED

Jan 25, 2002 8:00 am
Secretary of State

01-25-2002 90001 031 ****61.25

Principal Place of Business

Mailing Address

3601 CYPRESS GARDENS ROAD
SUITE C
WINTER HAVEN FL 33884
US

3601 CYPRESS GARDENS ROAD
SUITE C
WINTER HAVEN FL 33884
US

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

59-3187255

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

KLEPPER, KEITH
102 LAKE THOMAS DRIVE
WINTER HAVEN FL 33880

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 ☐ Delete
NAME KLEPPER, KEITH
STREET ADDRESS 102 LAKE THOMAS DR.
CITY-ST-ZIP WINTER HAVEN FL 33880

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

TITLE ☐ Delete
NAME STUBENRAUCH, GARY
STREET ADDRESS 1005 LAKE ELOISE TERR. WEST
CITY-ST-ZIP WINTER HAVEN FL 33884

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

TITLE ☐ Delete
NAME HUFF, ED
STREET ADDRESS 1174 S LAKE STARR BLVD
CITY-ST-ZIP LAKE WALES FL 33853

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

TITLE ☐ Delete
NAME HARSH, DAVID
STREET ADDRESS 725 SANTA MARIA DRIVE
CITY-ST-ZIP WINTER HAVEN FL 33884

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE
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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:

Scott Trippe REQUIRED 1/09/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

863-686-2564

Daytime Phone #

CR2E037 (9/01)