

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001328

1. Entity Name

DAYSTAR HOPE CENTER, INC. OF SPRING HILL, FLORID

**FILED**  
**Jul 28, 2000 8:00 am**  
**Secretary of State**

07-28-2000 90002 024 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P.O. BOX 5406  
SPRING HILL FL 34606

P.O. BOX 5406  
SPRING HILL FL 34606

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

59-3179359

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

GOSS, WILLIAM  
6427 WEDGEWOOD CT.  
SPRING HILL FL 34608

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**  
**After September 13, 2000 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME BIERWILER, FRANK  
STREET ADDRESS 4526 DELTONA BLVD.  
CITY-ST-ZIP SPRING HILL FL

TITLE D ☐ Change ☒ Addition  
NAME Maureen Bierwiler  
STREET ADDRESS 4526 Deltona Blvd.  
CITY-ST-ZIP Spring Hill, FL 34606

TITLE D ☒ Delete  
NAME CARIO, JEFFREY  
STREET ADDRESS 7361 FOREST OAKS BLVD  
CITY-ST-ZIP SPRING HILL FL 34606

TITLE SD ☐ Change ☒ Addition  
NAME Eleanor Goss  
STREET ADDRESS 6428 Wedgewood Ct  
CITY-ST-ZIP Spring Hill, FL 34606

TITLE D ☐ Delete  
NAME GOSS, WILLIAM  
STREET ADDRESS 6427 WEDGEWOOD CT  
CITY-ST-ZIP SPRING HILL FL 34606

TITLE TD ☒ Change ☐ Addition  
NAME Goss, William  
STREET ADDRESS 6428 Wedgewood Ct  
CITY-ST-ZIP Spring Hill, FL 34606

TITLE STD ☒ Delete  
NAME RENTZEL, JACK I  
STREET ADDRESS 6572 RIVER RUN  
CITY-ST-ZIP HOMOSASSA FL 34807

TITLE D ☐ Change ☒ Addition  
NAME Scott Bierwiler  
STREET ADDRESS 7083 Winter St  
CITY-ST-ZIP Brooksville, FL 34601

TITLE D ☐ Delete  
NAME KESSMAN, MARCIE  
STREET ADDRESS 5030 PLUMOSA  
CITY-ST-ZIP SPRING HILL FL

TITLE D ☐ Change ☒ Addition  
NAME Joann Di Laura  
STREET ADDRESS 7411 Wabash Trail  
CITY-ST-ZIP Spring Hill, FL 34606

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: William Goss  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-22-00 (352) 596-3546  
Date Daytime Phone #