

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2002 8:00 am
Secretary of State

008365

DOCUMENT # N93000001328

1. Entity Name

DAYSTAR HOPE CENTER, INC. OF SPRING HILL, FLORID

A

01-22-2002 90097 021 ****61.25

Principal Place of Business

Mailing Address

**P.O. BOX 5406
 SPRING HILL FL 34606**

**P.O. BOX 5406
 SPRING HILL FL 34606**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3179359

Applied For

Not Applicable

Zip

Country

Zip

Country

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. * 6428 Wedgewood Ct.
 SPRING HILL FL 34608**

1

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	PD BIERWILER, FRANK	<input type="checkbox"/> Delete
STREET ADDRESS	4526 DELTONA BLVD.	
CITY-ST-ZIP	SPRING HILL FL	
TITLE NAME	D Goss GROSS, ELEANOR	<input type="checkbox"/> Delete
STREET ADDRESS	6427 WEDGEWOOD COURT 6428	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE NAME	D GOSS, WILLIAM	<input type="checkbox"/> Delete
STREET ADDRESS	6427 WEDGEWOOD CT 6428	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE NAME	D DILAURA, JOANN	<input type="checkbox"/> Delete
STREET ADDRESS	7411 WABASH TRAIL	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE NAME	D BIERWILER, MAUREEN	<input type="checkbox"/> Delete
STREET ADDRESS	4526 DELTONA BLVD	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE NAME	D BIERWILER, SCOTT	<input type="checkbox"/> Delete
STREET ADDRESS	7483 WINTER STREET	
CITY-ST-ZIP	BROOKSVILLE FL 34613	

TITLE NAME	D KELLY MISENER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	13611 LEEWARD AVE.	
CITY-ST-ZIP	SPRING HILL, FL 34606	
TITLE NAME	D Goss, Eleanor	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6428 Wedgewood Court	
CITY-ST-ZIP	Spring Hill FL 34606	
TITLE NAME	D Goss, William	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6428 Wedgewood Ct.	
CITY-ST-ZIP	Spring Hill, FL 34606	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Frank Bierwiler
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-9-02

CR2E037 (9/01)