

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004494

1. Entity Name

BOYS HOPE OF FLORIDA, INC.

Principal Place of Business

Mailing Address

9469 EAST PORT RD
JACKSONVILLE FL 32218

PO BOX 26009
JACKSONVILLE FL 32226-6009

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

43-1691062

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

ZOLLER, PATRICIA
9469 EASTPORT RD
JACKSONVILLE FL 32218

Name

Michael Haseus

Street Address (P.O. Box Number is Not Acceptable)

9469-1 Eastport Rd

City

Jacksonville

FL

Zip Code

32218

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 D ☒ Delete
NAME ZOLLER, PATRICIA
STREET ADDRESS 9469 EASTPOINT RD
CITY-ST-ZIP JACKSONVILLE FL

TITLE Executive Director ☐ Change ☒ Addition
NAME Michael Haseus
STREET ADDRESS 9469-1 Eastport Rd
CITY-ST-ZIP Jacksonville, FL 32218

TITLE DVP ☒ Delete
NAME GUIDI, DENNIS E
STREET ADDRESS 1837 HENDRICKS AVE.
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE Treasurer ☐ Change ☒ Addition
NAME Mark Wood
STREET ADDRESS 540 Phelps St.
CITY-ST-ZIP Jacksonville, FL 32206-5609

TITLE DT ☒ Delete
NAME WRIGHT, PHILLIP
STREET ADDRESS P.O. 2340 N/A
CITY-ST-ZIP JACKSONVILLE FL

TITLE Secretary ☐ Change ☒ Addition
NAME Josephine Flaherty
STREET ADDRESS 12316 Mandarin Road
CITY-ST-ZIP Jacksonville, FL 32223

TITLE DP ☐ Delete
NAME PITOCHELLI, MARY
STREET ADDRESS 2827 FOREST MILL LANE
CITY-ST-ZIP JACKSONVILLE FL 32257

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

TITLE DT ☐ Delete
NAME ZAMBETTI, MICHAEL
STREET ADDRESS 8750 PHILLIPS HWY.
CITY-ST-ZIP JACKSONVILLE FL 32241

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/11/00 (904) 714-7155