

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004494

1. Entity Name

BOYS HOPE OF FLORIDA, INC.

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90110 041 ****61.25

Principal Place of Business

9469 EAST PORT RD
JACKSONVILLE FL 32218

Mailing Address

PO BOX 26009
JACKSONVILLE FL 32226

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

HOSEUS, MICHAEL
9469 - 1 EASTPORT RD
JACKSONVILLE FL 32218

Name

Malisa Pellicer

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

Malisa Pellicer, Executive Director

1/10/01

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
HOSEUS, MICHAEL
9469 EASTPOINT RD
JACKSONVILLE FL 32218 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Malisa Pellicer
9469 Eastport Rd.
Jacksonville, FL 32218 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
WOOD, MARK
540 PHELPS ST
JACKSONVILLE FL 32206-5609 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
FLAHEWTY, JOSEPHINE
12316 MANDARIN RD
JACKSONVILLE FL 32223 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

TITLE
NAME
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:

Malisa Pellicer

1/10/01

(904) 714-7155

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)