

9/11

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Sep 26, 2002 8:00 am
Secretary of State

09-12-2002 90060 019 ****61.25

DOCUMENT # N94000004494

1. Entity Name

BOYS HOPE OF FLORIDA, INC.

Principal Place of Business

Mailing Address

9469 EAST PORT RD
JACKSONVILLE FL 32218PO BOX 26009
JACKSONVILLE FL 32226

43074

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

43-1691062

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PELLICER, MALISA
9469 - 1 EASTPORT RD
JACKSONVILLE FL 32218Name Greg GaylordStreet 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Greg Gaylord

Signature, typed or printed name of registered agent and title if applicable.

Greg Gaylord, Director

(NOTE: Registered Agent signature required when reinstating)

9-5-02

DATE

After September 13, 2002,
min. will be \$236.25.9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete
NAME D
STREET ADDRESS PELLICER, MALISA
CITY-ST-ZIP 9469 EASTPORT RD.
JACKSONVILLE FL 32218TITLE ☒ Delete
NAME T
STREET ADDRESS WOOD, MARK
CITY-ST-ZIP 540 PHELPS ST
JACKSONVILLE FL 32208-5609TITLE ☐ Delete
NAME S
STREET ADDRESS FLAHERTY, JOSEPHINE
CITY-ST-ZIP 12316 MANDARIN RD
JACKSONVILLE FL 32223TITLE ☒ Delete
NAME DP
STREET ADDRESS PITOCHELLI, MARY
CITY-ST-ZIP 2827 FOREST MILL LANE
JACKSONVILLE FL 32257TITLE ☒ Delete
NAME OT
STREET ADDRESS ZAMBETTI, MICHAEL
CITY-ST-ZIP 8750 PHILLIPS HWY.
JACKSONVILLE FL 32241TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Change ☐ Addition
NAME Director
STREET ADDRESS Gaylord, Greg
CITY-ST-ZIP 9469-1 Eastport Rd.
Jax., Fl. 32218TITLE ☒ Change ☐ Addition
NAME T
STREET ADDRESS buenaga, Ed.
CITY-ST-ZIP 225 Water St., 5th floor
Jax., Fl. 32202TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS Harrington, John J.
CITY-ST-ZIP 125 Rose Island Way
Ponte Vedra Beach, Fl. 32082TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS Murray, John
CITY-ST-ZIP 10420 General Ave.
Jax., Fl. 32220

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b), 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 title empowered.

SIGNATURE:

Greg Gaylord **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-5-02

Date

904(714-2507)

Daytime Phone #

CR2E037 (4/02)