2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State
03-05-2001 90354 007 ****70.00

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DOCUMENT # N95000001690

1. Entity Name

HEARTS AND HOPE INC.

Principal Place of Business	Mailing Address
1712 N. FLAGLER DRIVE #6 W PALM BEACH FL 33407 US	1712 N. FLAGLER DRIVE #6 W PALM BEACH FL 33407 US

A0028044

DO NOT WRITE IN THIS SPACE

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 65-0572315 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MOOK, MARY MS,LMHC
1717 N. FLAGLER DRIVE, #6
WEST PALM BEACH FL 33407

7. Name and Address of New Registered Agent

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 Mary Mook

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 KRAFT, DAN 3951 POINCIANNA DRIVE, APT. 115 LAKE WORTH FL 33467	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Dr. Douglas Fountain 4460 Lyons Rd Lake Worth, FL 33467	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SOLWAY, MARCI 14314 CYPRESS ISLAND CT. PALM BEACH GARDENS FL 33410	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Ms. Stephanie Pinkham 4980 County Line Rd. Tequesta, FL 33469	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LODGE, MILLIE 125 SHORE COURT, APT. 302B NORTH PALM BEACH FL 33408	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Ms. Linda Smyth 3691 Seacrest Blvd Lantana, FL 33462	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP D BOYD, AL 1489 N MILITARY TR WEST PALM BEACH FL 33409	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PRES~~ D MOOK, MARY MS,LMHC 320 VALENCIA ROAD WEST PALM BEACH FL 33401	☐ 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

CR2E037 (10/00)

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #