

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90070 007 *****70.00

DOCUMENT # N95000001690

1. Entity Name

HEARTS AND HOPE INC.



Principal Place of Business

**317 10TH STREET
WEST PALM BEACH FL 34401
US**

Mailing Address

**317 10TH STREET
#6
WEST PALM BEACH FL 34401
US**

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FOUNTAIN, DOUGLAS DR
4460 LYONS RD
LAKE WORTH FL 33467**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☐ Delete	TITLE	SD	☐ Change ☒ Addition
NAME	FOUNTAIN, DOUGLAS		NAME	CLAUDIA MCCAIG	
STREET ADDRESS	4460 LYONS ROAD		STREET ADDRESS	5787 MARBLEWOOD COURT	
CITY-ST-ZIP	LAKE WORTH FL 33467		CITY-ST-ZIP	JUPITER, FL 33458	
TITLE	VP	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	PINKHAM, STEPHANIE		NAME		
STREET ADDRESS	4980 COUNTY LINE		STREET ADDRESS		
CITY-ST-ZIP	TEQUESTA FL 33469		CITY-ST-ZIP		
TITLE	VPD	☒ Delete	TITLE	D	☒ Change ☐ Addition
NAME	SMYTH, LINDA		NAME		
STREET ADDRESS	3691 SEACREST BLVD		STREET ADDRESS		
CITY-ST-ZIP	LANTANA FL 33462		CITY-ST-ZIP		
TITLE	VPD	☐ Delete	TITLE	TD	☒ Change ☐ Addition
NAME	BOYD, AL		NAME		
STREET ADDRESS	1489 N MILITARY TR		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33409		CITY-ST-ZIP		
TITLE	TD	☐ Delete	TITLE	VPD	☒ Change ☐ Addition
NAME	MOOK, MARY MS, LMHC		NAME		
STREET ADDRESS	320 VALENCIA ROAD		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33401		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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]* **REQUIRED**

3/24/03 (561) 968-3627

CR2E037 (10/02)