

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N95000001793**

1. Entity Name

HOPE THRIFT STORES, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90077 026 ****70.00

Principal Place of Business 11415 HOPE INTERNATIONAL DR TAMPA FL 33625	Mailing Address 11415 HOPE INTERNATIONAL DR TAMPA FL 33625-3963
--	---

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
NOT APPLICABLE	Not Applicable

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
----------------------------------	--

6. Name and Address of Current Registered Agent

COLE, ARLIE P
11415 HOPE INTERNATIONAL DR
TAMPA FL 33625

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD VARNEY, AL	NAME	
STREET ADDRESS	11415 HOPE INTERNATIONAL DR	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33625	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD COLE, ARLIE P	NAME	
STREET ADDRESS	11415 HOPE INTERNATIONAL DR	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33625	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TD SCHAFFER, ALFRED W	NAME	
STREET ADDRESS	11415 HOPE INTERNATIONAL DR	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33625	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD MORROW, BRYAN	NAME	
STREET ADDRESS	11415 HOPE INTERNATIONAL DR	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33625	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D DUTTRY, BILL	NAME	
STREET ADDRESS	11415 HOPE INTERNATIONAL DR	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33625	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *ALFRED W. SCHAFFER* 04-14-00 813-82-1352
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)