

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2001 8:00 am**  
**Secretary of State**  
 01-25-2001 90143 033 \*\*\*\*70.00

**DOCUMENT # N95000004739**

1. Entity Name

HOPE OF AMERICA, INC.

Principal Place of Business

1901 NORTH 1ST STREET, #806  
 JACKSONVILLE BEACH FL 32250

Mailing Address

1901 NORTH 1ST STREET, #806  
 JACKSONVILLE BEACH FL 32250

2. Principal Place of Business

3. Mailing Address

1764 Shorview DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

JAX FLA

4. FEI Number

59-3343458

Applied For

Not Applicable

Zip

Country

Zip

32218

Country

U.S.

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

JONES, MARY A DR.  
 1901 NORTH 1ST STREET, #806  
 JACKSONVILLE BEACH FL 32250

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

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 ☐ Delete  
 NAME CD  
 STREET ADDRESS JONES, MARY A DR  
 CITY-ST-ZIP 1901 NORTH 1ST STREET, #806  
 JACKSONVILLE BEACH FL 32250

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME SD  
 STREET ADDRESS FREELAND, SHARON V  
 CITY-ST-ZIP 1901 NORTH 1ST STREET, #806  
 JACKSONVILLE BEACH FL 32250

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME TD  
 STREET ADDRESS JACKSON, MARILYN H  
 CITY-ST-ZIP 1901 NORTH 1ST STREET, #806  
 JACKSONVILLE BEACH FL 32250

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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:**

*DR. MARY A. JONES*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date 1-10-01 (904) 751-6275  
 Daytime Phone #

CR2E037 (10/00)