

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**  
 05-11-2001 90097 026 \*\*\*\*70.00

**DOCUMENT # N96000000379**

1. Entity Name

**NEW HOPE, INCORPORATED**

Principal Place of Business

1002 BEECH ST  
 FERNANDINA BEACH FL 32034  
 US

Mailing Address

1002 BEECH ST  
 FERNANDINA BEACH FL 32034  
 US

2. Principal Place of Business

*Above*

3. Mailing Address

*Above*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Above*

City & State

*Above*

4. FEI Number

**59-5376856**

Applied For

Not Applicable

Zip

*32034*

Country

*FLORIDA*

Zip

*32034*

Country

*US*

5. Certificate of Status Desired

☒

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**CARTER, FLORENCE  
 1525 SIMMONS RD.  
 FERNANDINA BEACH FL 32034**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

*SAME*

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.

*Florence Carter*

SIGNATURE

*Florence Carter Director*

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 -

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CARTER, FLORENCE</b> <b>1525 SIMMONS RD.</b> <b>FERNANDINA BEACH FL 32034</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RICHO, JEANETTE</b> <b>211 SOUTH 10TH ST.</b> <b>FERNANDINA BEACH FL 32034</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PAYNE, JAMES</b> <b>920 VERNON ST.</b> <b>FERN. BCH. FL 32034</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Norm Purdwe</i> <i>5443 Florence Point</i> <i>Fernandina Bch. Fl 32034</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>John Van Tomme</i> <i>221 N. 4th St.</i> <i>Fern. Bch. Fl 32034</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Hugh Cullen</i> <i>4914 Rigging Dr.</i> <i>Fern. Bch. Fl 32034</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Katrina Robinson</i> <i>701 S. 13th St.</i> <i>Fern. Bch. Fl. 32034</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Branda C. Stivers</i> <i>40 N. 14th Pl.</i> <i>Fern. Bch. Fl. 32034</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Florence Carter*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/28/2001* *904-261-6004*

Date

Daytime Phone #

CR2E037 (10/00)