

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 30, 2002 8:00 am  
Secretary of State

01-30-2002 90027 010 \*\*\*\*61.25

DOCUMENT # N96000003844

1. Entity Name

HOMES OF HOPE INTERNATIONAL, CORP.

Principal Place of Business

Mailing Address

P.O. BOX 11152  
DAYTONA BEACH FL 32120

P.O. BOX 11152  
DAYTONA BEACH FL 32120

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3405011

Applied For

Not Applicable

Zip

Country

Zip

Country

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

JAEGER, CYNTHIA  
4360 CLOVERCREST DR  
NEW SMYRNA BEACH FL 32168

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 PD  
NAME JAEGER, CYNTHIA  
STREET ADDRESS 4360 CLOVERCREST DR  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168 ☐ Delete

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

TITLE VPTD  
NAME JAEGER, JOHN  
STREET ADDRESS 4360 CLOVERCREST DR  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168 ☐ Delete

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

TITLE SD  
NAME NOWELL, SANDY  
STREET ADDRESS 4360 CLOVERCREST DR  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168 ☐ Delete

TITLE SD  
NAME Nowell, Sandy  
STREET ADDRESS 1841 Carolina Ave  
CITY-ST-ZIP Ormond Beach, FL 32174 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

SIGNATURE REQUIRED Cynthia Sawyer  
President

Date

Daytime Phone #

CR2E037 (9/01)