

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

N97000000038

1. Entity Name

THERE'S HOPE, INC.

Principal Place of Business

Mailing Address

2257 NW 32nd Terrace
Lauderdale Lakes, FL
33311

POB 740756
Dallas, TX
75374

FILED

00 MAY -9 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

2257 NW 32nd Terrace

3. Mailing Address

Post Office Box 740756

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lauderdale Lakes, FL

City & State

Dallas, TX

Zip

Country

33311

Zip

75374

Country

US

4. FEI Number

65-0716067

Applied For

Not Applicable

5. Certificate of Status Desired (2) X

\$8.75 Additional

Fee Required See Note

7. Name and Address of New Registered Agent

Name

Deborah Graham

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

2257 NW 32nd Terrace

City

Lauderdale Lakes, FL

Zip Code

33311

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

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 NAME STREET ADDRESS CITY-ST-ZIP	President Deborah Graham 2257 NW 32nd Terrace Lauderdale Lakes, FL 33311 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer/Director Angela Price 8801 Fair Oaks Avenue #2071 Dallas, TX 75243 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director James Graham 12410 Pleasant Valley Drive Dallas, TX 75243 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Director 12410 Pleasant Valley Dr Dallas, TX 75243 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Deborah Graham

3/31/00

Date

214-575-3321

Daytime Phone #

CR2E037 (9/99)