

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000446

1. Entity Name

C & P, H.O.P.E., FOUNDATION, INC.



Principal Place of Business

1128 ROYAL PALM BEACH BLVD  
SUITE #339  
ROYAL PALM BEACH FL 33411  
US

Mailing Address

134 MARTIN CIRCLE  
ROYAL PALM BEACH FL 33411

2. Principal Place of Business

13146 Canna Lily Dr.  
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Zip

32824

Country

USA

Country

4. FEI Number

31-1521617

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CRITTENDEN, CELIA  
134 MARTIN CIRCLE  
ROYAL PALM BEACH FL 33411

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

*Celia Crittenden*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/31/01  
DATE

FILE NOW: FEE IS \$61.25  
After September 12, 2001, min. will be \$236.25

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 PD  
NAME CRITTENDEN, CELIA  
STREET ADDRESS 134 MARTIN CIRCLE  
CITY-ST-ZIP ROYAL PALM BEACH FL 33411 ☐ Delete

TITLE SD  
NAME PIERCE, HELEN C  
STREET ADDRESS 554 S.E. 3RD STREET  
CITY-ST-ZIP BELLE GLADE FL 33430 ☐ Delete

TITLE TD  
NAME BAKER, RONALIA B  
STREET ADDRESS 134 MARTIN CIRCLE  
CITY-ST-ZIP ROYAL PALM BEACH FL 33411 ☐ Delete

TITLE VD  
NAME GAINES, SIBYL L  
STREET ADDRESS 277 KASSIK CIR  
CITY-ST-ZIP ORLANDO FL 32824 ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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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:

*Celia Crittenden*

7-31-01

FILED  
Aug 06, 2001 8:00 am  
Secretary of State

08-06-2001 90004 043 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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