

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001803

1. Entity Name

THE HOPE RESTORED SERENITY SPIRITUAL AND MOTIVAT

Principal Place of Business

601 W. OAKLAND PARK BLVD. STE. C-17
FT. LAUDERDALE FL 33311

Mailing Address

601 W. OAKLAND PARK BLVD. STE. C-17
FT. LAUDERDALE FL 33311

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0821778

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PHILLIPS, BASIL T
601 W. OAKLAND PARK BLVD., SUITE C-17
FT. LAUDERDALE FL 33311

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

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 DCP ☐ Delete
NAME PHILLIPS, BASIL T
STREET ADDRESS 601 W. OAKLAND PARK BLVD. STE. C-17
CITY-ST-ZIP FT. LAUDERDALE FL 33311

TITLE DC ☒ Delete
NAME MCMASTER-PHILLIPS, ROSEMARIE
STREET ADDRESS 3001 NE 46 STREET
CITY-ST-ZIP FT. LAUDERDALE FL 33308

TITLE D ☐ Delete
NAME PHILLIPS, LEITH
STREET ADDRESS 2850 NW 36 AVE.
CITY-ST-ZIP FORT LAUD. FL 33311

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 NORMA GREEN ☐ Change ☒ Addition
NAME 2850 NW 36 AVE
STREET ADDRESS LAUDERDALE FL 33311
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
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 and empowered.

SIGNATURE:

Signature Required

9/10/01

FILED
Sep 17, 2001 8:00 am
Secretary of State

09-17-2001 90134 037 ****61.25

00063864



DO NOT WRITE IN THIS SPACE

0003038

CR2E037 (10/00)