2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State
03-03-2002 90085 020 ****61.25

DOCUMENT # N98000002889

1. Entity Name

HOLIDAY HOPE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~330 NE 3 AVE.~~ ~~WILLISTON FL 32696~~ 6151 S.E. 150th Ave MORRISTON FL 32668	~~330 NE 3 AVE.~~ 6151 S.E. 150th Ave ~~WILLISTON FL 32696~~ MORRISTON FL 32668
2. Principal Place of Business 6151 SE 150th Ave ~~SAME AS ABOVE~~	3. Mailing Address ~~SAME AS ABOVE~~
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip — Country U.S.A.	Zip — Country U.S.A.

4. FEI Number 59-3427043 ☐ Applied For ☐ Not Applicable

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
~~LANG, FRED~~ ~~330 NE 3 AVE.~~ ~~WILLISTON FL 32696~~	Name Patricia M. Alexander Street Address (P.O. Box Number is Not Acceptable) 6151 S.E. 150th Ave. ~~MOR~~ City Morriston FL Zip Code 32668

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: Patricia M Alexander 2-19-02
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D LANG, FRED 330 NE 3 AVE. WILLISTON FL 32696	☒ Delete	TITLE MD NAME Sharon Youmans STREET ADDRESS 4252 N.E. 204th Ave CITY-ST-ZIP Williston, FL 32696	☒ Change (+0)	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D P ALEXANDER, PAT 6151 SE 150 AVE. MORRISTON FL 32668	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VP BAIN, JEAN 16030 NE 3 PL. WILLISTON FL 32696	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARSHALL, MARLENE 265 W. COUNTRY CLUB DR. WILLISTON FL 32696	☒ Delete	TITLE S NAME Patricia Helms STREET ADDRESS 1553 N.E. 165th St CITY-ST-ZIP Citra FL 32113	☒ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D T JONES, DEBRA 547 NW 2 AVE WILLISTON FL 32696	☐ 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

CR2E037 (9/01)

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.

(352) 528-5110

SIGNATURE: SIGNATURE REQUIRED Patricia M Alexander 2-19-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #