

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N98000003339**

1. Entity Name

**PLACE OF HOPE, INC.**

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90232 008 \*\*\*\*61.25

Principal Place of Business	Mailing Address
5157 HOWELL LANE PALM BEACH GARDENS FL 33418 US	5157 HOWELL LANE PALM BEACH GARDENS FL 33418-4539 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number	Applied For
65-0841384	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATE CREATIONS ENTERPRISES, INC. 4521 PGA BOULEVARD #211 PALM BEACH GARDENS FL 33418	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D MULLINS, THOMAS D <input type="checkbox"/> Delete	TITLE	D Christiansen, John T. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MULLINS, THOMAS D	NAME	Christiansen, John T.
STREET ADDRESS	5312 NORTHLAKE BLVD	STREET ADDRESS	5312 Northlake Blvd.
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	CITY-ST-ZIP	Palm Beach Gardens, FL 33418
TITLE	D LOVETT, DEAN C <input type="checkbox"/> Delete	TITLE	D Mullins, J. Todd <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOVETT, DEAN C	NAME	Mullins, J. Todd
STREET ADDRESS	5312 NORTHLAKE BLVD	STREET ADDRESS	5312 Northlake Blvd.
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	CITY-ST-ZIP	Palm Beach Gardens, FL 33418
TITLE	D PAPAS, MICHAEL <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAPAS, MICHAEL	NAME	
STREET ADDRESS	5312 NORTHLAKE BLVD	STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	CITY-ST-ZIP	
TITLE	D KOCH, MARK <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOCH, MARK	NAME	
STREET ADDRESS	5312 NORTHLAKE BLVD	STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	CITY-ST-ZIP	
TITLE	D WEINSTEIN, HARRIS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINSTEIN, HARRIS	NAME	
STREET ADDRESS	5312 NORTHLAKE BLVD	STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Thomas D. Mullins* 4/14/00 (561) 975-7195  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)