

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 21, 2003 8:00 am**  
**Secretary of State**

08-21-2003 90107 034 \*\*\*\*61.25

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**DOCUMENT # N98000004931**

1. Entity Name

**THE H.O.P.E. PROJECT CORPORATION**



Principal Place of Business

**5 HARVARD CIRCLE  
STE 110  
WEST PALM BEACH FL 33409**

Mailing Address

**5 HARVARD CIRCLE  
STE 110  
WEST PALM BEACH FL 33409**

2. Principal Place of Business

**621 CLEARWATER PARK RD. (Same)**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**WPB, FL**

City & State

Zip

**33401**

Country

Country

4. FEI Number **65-0859412**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BOHATYRITZ, MARYANNE  
5 HARVARD CR  
STE 110  
WEST PALM BEACH FL 33409**

7. Name and Address of New Registered Agent

Name

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

**621 CLEAR WATER PK. ROAD**

City

**WPB, FL**

FL

Zip Code

**33401**

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. I am familiar with, and accept the obligations of registered agent.

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  
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **HADLEY, HOLLY**  
STREET ADDRESS **13901 US HWY #1**  
CITY-ST-ZIP **JUNO BEACH FL 33408**

TITLE **PDVD** ☐ Delete  
NAME **BONE, MELANIE**  
STREET ADDRESS **550 S QUADRILLE**  
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **STD** ☐ Delete  
NAME **PELTZIE, KEN**  
STREET ADDRESS **2260 RABBIT HOLLOW CIRCLE**  
CITY-ST-ZIP **DELRAY BEACH FL 33445**

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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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: **Maryanne Bohatyriz (MARYANNE BOHATYRITZ)** 8/4/03 561-659-4278  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (4/03)