

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005086

1. Entity Name

H.O.P.E. FOR PARENTS OF EXCEPTIONAL CHILDREN, IN

Principal Place of Business

Mailing Address

803 JENKS AVE., STE. ONE
PANAMA CITY FL 32401

803 JENKS AVE., STE. ONE
PANAMA CITY FL 32401-2568

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSENBERGER, AMY
803 JENKS AVE., STE. ONE
PANAMA CITY FL 32401

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Delete
NAME ROSENBERG, AMY
STREET ADDRESS 2838 HARRISON AVE., APT. F
CITY-ST-ZIP PANAMA CITY FL 32405

TITLE D ☒ Change ☐ Addition
NAME MORSON, VICTORIA L
STREET ADDRESS 2614 PEMBROKE DR
CITY-ST-ZIP PANAMA CITY FL 32405

TITLE D ☐ Delete
NAME MORSON, PAUL
STREET ADDRESS 2838 HARRISON AVE., APT. F
CITY-ST-ZIP PANAMA CITY FL 32405

TITLE D ☒ Change ☐ Addition
NAME MORSON, PAUL
STREET ADDRESS 2614 PEMBROKE DR
CITY-ST-ZIP PANAMA CITY FL 32405

TITLE D ☐ Delete
NAME ROSENBERGER, AMY
STREET ADDRESS 2844 HARRISON AVE., APT. A
CITY-ST-ZIP PANAMA CITY FL 32405

TITLE D ☒ Change ☐ Addition
NAME ROSENBERGER, AMY
STREET ADDRESS 2614 PEMBROKE DR
CITY-ST-ZIP PANAMA CITY FL 32405

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17 FEB 2000 (850) 769-4400
RND B1 Date # 1340 Daytime Phone #

CR2E037 (9/99)