

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006917

1. Entity Name

THERE IS A HOPE FOUNDATION, INC.

Principal Place of Business

2940 DELCREST DR.  
ORLANDO FL 32817

Mailing Address

2940 DELCREST DR.  
ORLANDO FL 32817

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3559171

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CHU, LARRY  
2940 DELCREST DR.  
ORLANDO FL 32817

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 PD: ☐ Delete  
NAME CHU, LARRY  
STREET ADDRESS 2940 DELCREST DR.  
CITY-ST-ZIP ORLANDO FL 32817

TITLE VD: ☐ Delete  
NAME CHU, HOA MARY  
STREET ADDRESS 2940 DELCREST DR.  
CITY-ST-ZIP ORLANDO FL 32817

TITLE SD: ☐ Delete  
NAME PHAM, THUY  
STREET ADDRESS 12640 WINONA CT.  
CITY-ST-ZIP BROOMFIELD CO 80020

TITLE TD: ☐ Delete  
NAME PHAM, HOA  
STREET ADDRESS 571 S.W. 176 AVE.  
CITY-ST-ZIP PEMBROKE PINES FL 33029

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  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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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)(l), 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jan 16, 2002 8:00 am  
Secretary of State

01-16-2002 90239 002 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

407/463-9485 Cell.  
1-8-02 407/678-2927