

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

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

01-21-2003 90053 031 \*\*\*\*70.00

**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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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**

Name

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

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD CHU, LARRY	<input type="checkbox"/> Delete
STREET ADDRESS	2940 DELCREST DR.	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE NAME	VD CHU, HOA *MARY	<input type="checkbox"/> Delete
STREET ADDRESS	2940 DELCREST DR.	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE NAME	SD PHAM, THUY	<input type="checkbox"/> Delete
STREET ADDRESS	12640 WINONA CT.	
CITY-ST-ZIP	BROOMFIELD CO 80020	
TITLE NAME	TD PHAN, HOA	<input type="checkbox"/> Delete
STREET ADDRESS	571 S.W. 176 AVE.	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

CR2E037 (10/02)

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: DISIGNATURE REQUIRED**

2/14/03 407-463-9485 Cell.  
407-678-2927