

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000007133

1. Entity Name

NEW HOPE THRIFT & GIFT, INC.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90081 009 ****61.25

Principal Place of Business

100 EAST SYBELIA AVE. STE 300
MAITLAND FL 32751

Mailing Address

100 EAST SYBELIA AVE. STE 300
MAITLAND FL 32751-4758

2. Principal Place of Business

76 W. Lucerne Circle

3. Mailing Address

76 W. Lucerne Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL.

City & State

ORLANDO FL.

4. FEI Number

59 3556330

Applied For

Not Applicable

Zip

32801

Country

USA

Zip

32801

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FIOLA, YOLANDE

100 EAST SYBELIA AVE, STE 300
MAITLAND FL 32751

76 W. LUCERNE CIRCLE
ORLANDO, FL 32801

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	<input checked="" type="checkbox"/> Delete
NAME	JONES, JOEL D	
STREET ADDRESS	4051 GOLFSIDE DR	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	D	<input type="checkbox"/> Delete
NAME	FIOLA, YOLANDE	
STREET ADDRESS	2701 MIDSUMMER DR	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KIRKPATRICK, JOHN	
STREET ADDRESS	2907 EAGLE LAKE DR	
CITY-ST-ZIP	ORLANDO FL 32821	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WALKER, JERRI	
STREET ADDRESS	518 EAST GORE ST	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James Emerson	
STREET ADDRESS	1699 LAKESIDE DRIVE	
CITY-ST-ZIP	WINTER PARK FL 32803	
TITLE	D, T, S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHARREN RAIMONDE	
STREET ADDRESS	7315 RIPLEY CT.	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Yolande J. Fiola 3/8/00 (407) 648-0160

CR2E037 (9/99)