

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90076 042 ****61.25

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*name changed
as of 1-19-01*

1. Entity Name

NEW HOPE THRIFT & GIFT, INC.

HELPING KIDS THRIFT-GIFT, INC.



Principal Place of Business

76 W LUCERNE CIRCLE
ORLANDO FL 32801

Mailing Address

76 W LUCERNE CIRCLE
ORLANDO FL 32801

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

59-3556330

Applied For

Not Applicable

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
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
NAME EMERSON, JAMES ☐ Delete
STREET ADDRESS 1699 LAKESIDE DRIVE
CITY-ST-ZIP ORLANDO FL 32803

TITLE D ☐ Change ☒ Addition
NAME BARRY KUDLOWITZ
STREET ADDRESS 112 WYMORE RD.
CITY-ST-ZIP WINTER PARK FL 32789

TITLE D ☐ Delete
NAME FIOLA, YOLANDE
STREET ADDRESS 2701 MIDSUMMER DR
CITY-ST-ZIP WINDERMERE FL 34786

TITLE D ☐ Change ☒ Addition
NAME LAURA REEVES
STREET ADDRESS 1700 SUNSET DR.
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE DTS ☐ Delete
NAME RAIMONDE, SHARREN
STREET ADDRESS 7315 RIPLEY COURT
CITY-ST-ZIP ORLANDO FL 32836

TITLE D. ☐ Change ☒ Addition
NAME JOEL JONES
STREET ADDRESS 4051 GOLF SIDE DR
CITY-ST-ZIP ORLANDO FL 32808

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 all other like empowered.

SIGNATURE:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-01 (407) 648-0160

Date

Daytime Phone #

CR2E037 (10/00)

0025782