

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90095 034 ****61.25

DOCUMENT # **N99000001358**

1. Entity Name

Hope in Victory

Principal Place of Business

**2525 Ponkan Rd
 Apopka FL 32712**

Mailing Address

same

2. Principal Place of Business

2525 Ponkan Rd

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Apopka FL

City & State

FL

Zip

32712

Country

Orange

Zip

Country

4. FEI Number

59-3570655

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WAS
 Jim Fitzgerald**

See Document # N99000001358

7. Name and Address of New Registered Agent

Name

MARJORIE MITCHELL

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

2525 Ponkan Rd

City

APOPKA

FL

Zip Code

32712

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

MARJORIE MITCHELL

MARJORIE MITCHELL

3-21-00

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW
 \$51.25**

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 **Melanie Mitchell** ☐ Delete
 NAME **Director**
 STREET ADDRESS **2525 Ponkan Rd**
 CITY-ST-ZIP **Apopka, FL 32712**

TITLE **Kevin Craig** ☐ Delete
 NAME **Officer**
 STREET ADDRESS **931 W PARK AVE**
 CITY-ST-ZIP **APOPKA FL 32701**

TITLE **DR Roberts** ☐ Delete
 NAME **Officer**
 STREET ADDRESS **7000 Hc Kelly Rd**
 CITY-ST-ZIP **Orlando FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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
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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:

Melanie Mitchell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/00

Date

407 886-0412

Daytime Phone #

CR2E037 (9/99)