

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2001 8:00 am
Secretary of State

08-13-2001 90064 033 ****61.25

DOCUMENT # N99000006456

1. Entity Name

OUR LADY OF HOPE ACADEMY, INC.

Principal Place of Business

**114 FAIRWAY OAKS DRIVE
 ORANGE PARK FL 32073**

Mailing Address

**114 FAIRWAY OAKS DRIVE
 ORANGE PARK FL 32073**

2. Principal Place of Business

3. Mailing Address

8431 Bay meadows Way # 108-1 Kingsley Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Orange Park, FL

Zip

32257

Country

Duval

Zip

32073

Country

USA

4. FEI Number

59-3604199

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**HOLLMANN, F. C. ROBERT
 598 WELLS LANDING DR.
 ORANGE PARK FL 32073**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD EVANS, ANNETTE O 114 FAIRWAY OAKS DRIVE ORANGE PARK FL 32073	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HOLLMANN, F.C. ROBERT 598 WELLS LANDING DR. ORANGE PARK FL 32073	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD EVANS, ROBERT A 114 FAIRWAY OAKS DRIVE ORANGE PARK FL 32073	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ZAMOYTA, VINCENT 10429 OSPREY NEST DR. JACKSONVILLE FL 32257	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FARINA, YVONNE 1734 SHOREVIEW DR. WEST JACKSONVILLE FL 32218	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GARCIA, ED 324 SWEETBRIER BRANCH LANE JACKSONVILLE FL 32259	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DARLING, JAMES 1119 Mar del Plata JACKSONVILLE, FL 32256	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RAINES, TIM 1648 COUNTRY CHARM LN. W. JACKSONVILLE, FL 32225	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: X SIGNATURE: ANNETTE O EVANS

8/3/01

**(904)
 215-9465**

CR2E037 (10/00)