

2001 UNIFORM BUSINESS REPORT (UBR)

2/1

FILED

Mar 01, 2001 8:00 am
Secretary of State

02-06-2001 90308 041 ****61.25

DOCUMENT # N99000006990

1. Entity Name

THE HOPE FOUNDATION OF CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

6541 HAWKSMOOR DR.
ORLANDO FL 32818

6541 HAWKSMOOR DR.
ORLANDO FL 32818

2. Principal Place of Business

3. Mailing Address

918 Woodrow Blvd

918 Woodrow Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32805

Country

USA

Zip

32805

Country

USA

4. FEI Number

APPLIED FOR

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

MATHIS, JACINTA M
MATHIS LAW FIRM, P.A.
20 N. ORANGE AVE., STE. 1400
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 AXSON, YOLANDA
STREET ADDRESS 9115 ALISO RIDGE RD.
CITY-ST-ZIP GOTHA FL 34734 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME SMITH, STEVE
STREET ADDRESS 9743 LUPINE AVE.
CITY-ST-ZIP ORLANDO FL 32824 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME HAWKINS, RUYE
STREET ADDRESS 1570 WESTOVER LOOP
CITY-ST-ZIP HEATHROW FL 32746 ☒ Delete

TITLE 3
NAME DINE WHITE
STREET ADDRESS 6426 Lemonwood Court
CITY-ST-ZIP Orlando, FL 32818 ☐ Change ☒ Addition

TITLE D
NAME WIGGINS, ALLEN T.D.
STREET ADDRESS 6541 HAWKSMOOR DR.
CITY-ST-ZIP ORLANDO FL 32818 ☐ Delete

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/11/01

Date

(407) 399 7515

Daytime Phone #

CR25037 (10/00)