

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P37448

1. Entity Name

VOICE OF HOPE INCORPORATED

FILED
Sep 20, 2000 8:00 am
Secretary of State

09-20-2000 90005 027 ****61.25

Principal Place of Business

345 N. GROVE ST.
EUSTIS FL 32726

Mailing Address

345 N. GROVE ST.
EUSTIS FL 32726

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3335463

Applied For

Not Applicable

Zip

Country

Zip

Country

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

STOWERS, ROBERT A
345 N GROVE ST
EUSTIS FL 32726

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
After September 13, 2000 min. will be \$236.25

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 C ☐ Delete
NAME CIVIC, DRAGAN
STREET ADDRESS 345 N GROVE ST
CITY-ST-ZIP EUSTIS FL 32726

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

TITLE T ☐ Delete
NAME REPNIK, PAVEL
STREET ADDRESS GRABLOVICEVA 28
CITY-ST-ZIP LJUBLJANA SL

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

TITLE T ☐ Delete
NAME PARK, SOO W
STREET ADDRESS NEW LIFE RETREAT P.O.BOX 342
CITY-ST-ZIP GRAGSMOOR FL 12420

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

TITLE T ☐ Delete
NAME IRINA, IGNATOVN
STREET ADDRESS VL NOVOGIREEVSKY 41-49
CITY-ST-ZIP MOSCOW RV

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

TITLE ST ☒ Delete
NAME WARREN, CAROLYN
STREET ADDRESS 475 UMATILLA BLVD.
CITY-ST-ZIP UMATILLA FL

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

TITLE T ☐ Delete
NAME REPNIK, MIRVANA
STREET ADDRESS GRABLOVICEVA
CITY-ST-ZIP LJUBLJANA SL

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

Date

Daytime Phone #

8/8/00 (352) 589-4497

CR2E037 (5/00)