## 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT#724683** 

FILED Mar 06, 2002 8:00 AM Secretary of State

Entity Name: FLORIDA ASSOCIATION OF HOUSING AND REDEVELOPMENT OFFICIALS

Current Principal Place of Business: New Principal Place of Business:

335 BEARD STREET

TALLAHASSEE, FL 32303 US

Current Mailing Address: New Mailing Address:

335 BEARD STREET PO BOX 14629

TALLAHASSEE, FL 32303 US TALLAHASSEE, FL 323174629 US

FEI Number: 23-0724683 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SKROB, ROBERT 335 BEARD STREET

TALLAHASSEE, FL 32303 US

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:

Electronic Signature of Registered Agent

Date

TITUSVILLE, FL 32782

## **OFFICERS AND DIRECTORS:**

FORT MYERS, FL

City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

le: VS ( ) Delete Title: VD (X) Change ( ) Addition

Name:TURNER, RICHARDName:TURNER, RICHARDAddress:118 CEDAR STREETAddress:118 CEDAR STREETCity-St-Zip:DAYTONA BEACH, FLCity-St-Zip:DAYTONA BEACH, FL

Title: P ( ) Delete Title: D (X) Change ( ) Addition

Name: BRUNSON, SAM Name: BRUNSON, SAM

Address: 371 WEST HICKORY AVENUE Address: 371 WEST HICKORY AVENUE

City-St-Zip: CRESTVIEW, FL City-St-Zip: CRESTVIEW, FL

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf PD} \qquad {\sf (X) Change () Addition}$ 

 Name:
 MONAHAN, GAIL
 Name:
 MONAHAN, GAIL

 Address:
 240 SW 1ST STREET
 Address:
 703 NE 1ST STREET

 City-St-Zip:
 GAINESVILLE, FL
 City-St-Zip:
 GAINESVILLE, FL

Name: OWENS, REGINA Name: CREGAN, KEVIN

Address: 1000 WALL STREET, #60 Address: 1773 NORTH STATE ROAD 7

City-St-Zip: EUSTIS, FL City-St-Zip: LAUDERHILL, FL

 Name:
 CREGAN, KEVIN
 Name:
 REDDICK, CATHERINE

 Address:
 1773 NORTH STATE ROAD 7
 Address:
 2670 AVENUE C SW

 City-St-Zip:
 LAUDERHILL, FL
 City-St-Zip:
 WINTER HAVEN, FL

 Title:
 D () Delete
 Title:
 D (X) Change () Addition

 Name:
 HAYNES, KATHY
 Name:
 LAMBERT, BOB

 Address:
 3326 MARTIN LUTHER KING BLVD.
 Address:
 PO BOX 6416

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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

City-St-Zip:

above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAIL MONAHAN PD 03/06/2002