2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State
01-24-2002 90115 016 ****70.00

DOCUMENT # 734443

1. Entity Name

HOMES IN PARTNERSHIP, INC.

Principal Place of Business	Mailing Address
235 E. 5TH ST. P.O. BOX 761 APOPKA FL 32703	235 E. 5TH ST. P.O. BOX 761 APOPKA FL 32703

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 51-0188718 ☐ 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
HOWARD, JEWETT 631 S ORLANDO AVE WINTER PARK FL 32789	Name: Lelia W. Allen Street Address (P.O. Box Number is Not Acceptable): 400 South Orange Avenue, 6th Floor Orlando Housing/Community Dev. Bureau City: Orlando **FL** Zip Code: 32801

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: Lelia W. Allen 1/11/02
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	M KELLOM, H. LEWIS 601 N. INDIGO DR. ALTAMONTE SPRINGS FL 32714	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JEWETT, HOWARD 631 S ORLANDO AVE SUITE 200 WINTER PARK FL 32789	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Lelia W. Allen 400 South Orange Avenue, 6th Floor Orlando, FL 32801 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ALLEN, LELIA 400 SOUTH ORANGE AVE., 6TH FLOOR ORLANDO FL 32801	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Kovisars, Judith 255 S. Orange Ave., Suite 1590 Orlando, FL 32801 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CONTE, MARK J 750 S ORLANDO AVENUE WINTER PARK FL 32789-4845	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KOVISARS, JUDITH 255 S ORANGE AVE STE 1590 ORLANDO FL 32801	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Malcolm Barnes 3300 Exchange Place Lake Mary, FL 32746 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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: Lelia W. Allen Executive Director 1/11/02 (407)886-2451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #