

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State

0061899

04-16-2001 90056 040 ****70.00

DOCUMENT # 736167

1. Entity Name

PARC HOUSING, INC.

Principal Place of Business

Mailing Address

3190 75TH STREET NORTH
 ST. PETERSBURG FL 33710

3190 TYRONE BLVD NORTH
 ST. PETERSBURG FL 33710
 US

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

59-1700361

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMAS, CURTIS D
3190 TYRONE BLVD NORTH
ST. PETERSBURG FL 33710

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 **P** Delete
 NAME **THOMAS, CURTIS D**
 STREET ADDRESS **3190 TYRONE BLVD NORTH**
 CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **D** Change Addition
 NAME **CLIFTON, MEL**
 STREET ADDRESS **7364 WATERSILK DR**
 CITY-ST-ZIP **PINELLAS PARK FL 33782**

TITLE **D** Delete
 NAME **HOLLAND, JUDY**
 STREET ADDRESS **4020 11TH ST NO**
 CITY-ST-ZIP **ST. PETERSBURG FL 33703**

TITLE **D** Change Addition
 NAME **STROSS, JOHN**
 STREET ADDRESS **430 PARK STREET N**
 CITY-ST-ZIP **ST PETERSBURG FL 33710**

TITLE **D** Delete
 NAME **PILKINGTON, DAVID**
 STREET ADDRESS **11701 BELCHER RD. STE 104**
 CITY-ST-ZIP **LARGO FL 33643**

TITLE **D** Change Addition
 NAME **MEDLEY, MARTY**
 STREET ADDRESS **4300 45TH STREET S**
 CITY-ST-ZIP **ST PETERSBURG FL 33712**

TITLE **D** Delete
 NAME **GADDY, RODNEY**
 STREET ADDRESS **11913 KEATING DR**
 CITY-ST-ZIP **TAMPA FL 33626**

TITLE **D** Change Addition
 NAME **CARR, SKIP**
 STREET ADDRESS **1006 41ST AVENUE N**
 CITY-ST-ZIP **ST PETERSBURG FL 33703**

TITLE **D** Delete
 NAME **HEEREN, BRIAN**
 STREET ADDRESS **8632 LONGWOOD DR**
 CITY-ST-ZIP **LARGO FL 33777**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **O'CONNELL, PAUL**
 STREET ADDRESS **9731 SAGO POINT DR.**
 CITY-ST-ZIP **LARGO FL 33777**

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

3/23/01

(727) 345-9111
 Daytime Phone #

CR2E037 (10/00)