FILED

## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## Feb 28, 2003 8:00 am Secretary of State DOCUMENT # 736167 1. Entity Name 02-28-2003 90166 015 \*\*\*\*70.00 PARC HOUSING, INC. Principal Place of Business Mailing Address 3190 75TH STREET NORTH 10029236 3190 TYRONE BLVD NORTH ST. PETERSBURG FL 33710 ST. PETERSBURG FL 33710 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-1700361 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \_ \_ = X Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THOMAS, CURTIS D Street Address (P.O. Box Number is Not Acceptable) 3190 TYRONE BLVD NORTH ST. PETERSBURG FL 33710 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. I am familiar with, and accept the obligations of registered agent. ė 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 \$5.00 May Be Make Check Payable to $\Box$ Trust Fund Contribution. Added to Fees Florida Department of State 10... OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Change ☐ Addition THOMAS, CURTIS D NAME NAME STREET ADDRESS 3190 TYRONE BLVD NORTH STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL CITY-ST-7IP TITLE X Delete TITLE X Addition ☐ Change CLIFTON, MEL NAME NAME CRAWFORD, BRUCE STREET ADDRESS 7364 WATERSILK DR STREET ADDRESS 7425 WATERSILK DR CITY-ST-ZIP PINELLAS PARK FL=33782 رسا پس CITY-ST-ZIP= PINELLAS PARK FL 34666 TITLE Delete TITLE ☐ Addition Change NAME PILKINGTON, DAVID STREET ADDRESS 11701 BELCHER RD. STE 104 STREET ADDRESS CITY-ST-ZIP LARGO FL 33643 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition MEDLEY, MARTY NAME NAME STREET ADDRESS 4300 45 STREET S STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG FL 33711 CITY-ST-ZIP TITLE TITLE X Delete Change ★ Addition NAME HEEREN, BRIAN NAME LAPRADE, MARK 8632 LONGWOOD DR STREET ADDRESS STREET ADDRESS 11 PARADISE LANE CITY-ST-7/P **LARGO FL 33777** CITY-ST-ZIP TREASURE ISLAND FL 33706 TITLE X Delete TITLE ☐ Change X Addition O'CONNELL, PAUL NAME NAME CARR, SKIP STREET ADDRESS 9731 SAGO POINT DR. STREET ADDRESS 1006 41ST AVE N CITY-ST-ZIP LARGO FL 33777 ST PETERSBURG FL 33703

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 suppowered.

SIGNATURE:

727-345-9111