

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 25, 2002 8:00 am**  
**Secretary of State**

02-25-2002 90034 018 \*\*\*\*70.00

**DOCUMENT # 740651**

1. Entity Name

**SEBRING HOUSING RESEARCH & DEVELOPMENT, INC**

Principal Place of Business

Mailing Address

**1800 TANGERINE AVE.  
P. O. BOX 431  
SEBRING FL 33870**

**613 S 12TH ST  
LEESBURG FL 34748  
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

**59-1786646**

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

**JONES, DOROTHY  
613 S 12TH ST  
LEESBURG FL 34749**

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 NAME	<b>PD JONES, DOROTHY</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>4526 HIGH ST</b>	
CITY-ST-ZIP	<b>SEBRING FL 33870</b>	
TITLE NAME	<b>D LOWE, ALICE</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>1105 GRAND AVENUE</b>	
CITY-ST-ZIP	<b>SEBRING FL 33870</b>	
TITLE NAME	<b>S PEART, PAMELA</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>4530 HIGH ST</b>	
CITY-ST-ZIP	<b>SEBRING FL 33870</b>	
TITLE NAME	<b>VT KNIGHT, THEODOLY</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>1315 GARWOOD AVE</b>	
CITY-ST-ZIP	<b>SEBRING FL 33870</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: X

*Dorothy Jones*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-09-02

(352) 787-2400

Date Daytime Phone #

CR2E037 (9/01)