

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 743388

1. Entity Name

FLORIDA NON-PROFIT HOUSING, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90114 009 ****61.25

Principal Place of Business

3909 KENILWORTH BLVD.
SEBRING FL 33870
US

Mailing Address

P. O. BOX 1987
SEBRING FL 33871-1987
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1902966

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

STEPHENS, LAURETTA B
3909 KENILWORTH BLVD.
SEBRING, FL
33870

7. Name and Address of New Registered Agent

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

TITLE	STD	<input type="checkbox"/> Delete
NAME	LERMA, ANGEL	
STREET ADDRESS	647 HOLMES AVE	
CITY-ST-ZIP	LAKE PLACID FL 33189	
TITLE	D	<input type="checkbox"/> Delete
NAME	FERNANDO, PRO J	
STREET ADDRESS	20310 S.W. 106 AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WOODARD, JOHN	
STREET ADDRESS	2931 DEBROCY WAY	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTIN, WILLIE	
STREET ADDRESS	211 CASA URBANO DRIVE	
CITY-ST-ZIP	CLINTON MS	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MONTEZ, DAVID	
STREET ADDRESS	205 N TEXAS AVE	
CITY-ST-ZIP	TAVARES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Woodard, John	
STREET ADDRESS	2931 Debrocy Way	
CITY-ST-ZIP	Winter Park, FL 32792	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fernando, Pro J	
STREET ADDRESS	20310 S.W. 106 Avenue	
CITY-ST-ZIP	Miami FL	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Montez, David	
STREET ADDRESS	205 N Texas Ave.	
CITY-ST-ZIP	Tavares FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-10-00

CR2E037 (9/99)