

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750566

1. Entity Name

CMHC HERNANDEZ HOUSE, INC.

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90104 001 ***367.50

Principal Place of Business

Mailing Address

1221 W LAKEVIEW AVENUE
C/O MORRIS L. EADDY
PENSACOLA FL 32501

1221 W LAKEVIEW AVENUE
C/O MORRIS L. EADDY
PENSACOLA FL 32501-1857

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

59-2041794

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

MOULTON, WRIGHT ESQ
25 W. CEDAR STREET
PENSACOLA FL 32501

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 EADDY, MORRIS L
STREET ADDRESS 4030 COLLINGSWOOD RD
CITY-ST-ZIP PENSACOLA FL 32514

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME MARTIN, ESTHER LEE
STREET ADDRESS 6123 CHABLIS LANE
CITY-ST-ZIP PENSACOLA FL 32504

TITLE D ☒ Change ☐ Addition
NAME W. Fred Bond
STREET ADDRESS 4305 D'Evereaux Drive
CITY-ST-ZIP Pensacola, FL 32503

TITLE VCD ☒ Delete
NAME MCCORVEY, ANGELA
STREET ADDRESS UWF BLDG 18 ROOM 133
CITY-ST-ZIP PENSACOLA FL 32514

TITLE VCD ☒ Change ☐ Addition
NAME H. Britt Landrum, Jr.
STREET ADDRESS 4050 Bedevere Drive
CITY-ST-ZIP Pensacola, FL 32514

TITLE CD ☐ Delete
NAME DURHAN, MICHAEL
STREET ADDRESS P.O. BOX 510
CITY-ST-ZIP PENSACOLA FL 32593

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME POWELL, MELBA K
STREET ADDRESS 11610 CABOT STREET
CITY-ST-ZIP PENSACOLA FL 32534

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 another like empowered.

SIGNATURE: *Morris L. Eaddy* President/CEO

3/27/00

850-469-3700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)