

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90077 024 ****70.00

DOCUMENT # 763498

1. Entity Name

THE FLORIDA ASSOCIATION OF HOUSING FINANCE AGENCIES, INC.

Principal Place of Business

370 PINELLAS BAYWAY
 TIERRA VERDE FL 33715

Mailing Address

370 PINELLAS BAYWAY
 #C
 TIERRA VERDE FL 33715
 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

59-2949126

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

FISHER, LISA
 370 PINELLAS BAYWAY
 #C
 TIERRA VERDE FL 33715

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	SD	☒ Delete
NAME	FISHER, LISA	
STREET ADDRESS	POST OFFICE BOX 1343 N/A	
CITY-ST-ZIP	WINDERMERE FL 32856	
TITLE	D	☐ Delete
NAME	ABBOTT, ANGELA	
STREET ADDRESS	11A MAX BREWER MEMORIAL PKWAY	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	TD	☐ Delete
NAME	JERNIGAN, GORDON	
STREET ADDRESS	25 W CEDAR ST STE 530	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	☐ Delete
NAME	ROBINSON, LENNARD	
STREET ADDRESS	110 N E 3RD STREET SUITE 300	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	P	☐ Delete
NAME	FISHER, LISA	
STREET ADDRESS	370 PINELLAS BAY WAY #C	
CITY-ST-ZIP	SAINT PETERSBURG FL 33715	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

2/14/02

CR2E037 (9/01)