

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 09, 2002 8:00 am
Secretary of State

05-14-2002 90278 008 ****61.25
 09-09-2002 90004 046 ****70.00

DOCUMENT # NO1000005744

1. Entity Name
AVON PARK HOUSING DEVELOPMENT CORPORATION

Principal Place of Business Mailing Address
101 E KENNEDY BLVD STE 3200 TAMPA FL 33601 **101 E KENNEDY BLVD STE 3200 TAMPA FL 33601**

80136801



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-1117651		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
GILMORE, RICARDO L 101 E KENNEDY BLVD STE 3200 TAMPA FL 33601				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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Ricardo L. Gilmore DATE 9-5-02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

After September 13, 2002, min. will be \$236.25.	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, LESTER A		NAME		
STREET ADDRESS	1002 S WALDRON AVE		STREET ADDRESS		
CITY-ST-ZIP	AVON PARK FL 33825		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERRIN, MARIAN		NAME		
STREET ADDRESS	313 DOVE STREET		STREET ADDRESS		
CITY-ST-ZIP	SEBRING FL 33872		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLDHAM, ALICE		NAME		
STREET ADDRESS	406 TULANE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	AVON PARK FL 33825		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANCO, CHRISTINA		NAME		
STREET ADDRESS	312 S LOTELA AVE		STREET ADDRESS		
CITY-ST-ZIP	AVON PARK FL 33825		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARVER, EARLINE		NAME	Roberts, Earline	
STREET ADDRESS	825 W MAIN ST		STREET ADDRESS	825 W main st	
CITY-ST-ZIP	AVON PARK FL 33825		CITY-ST-ZIP	Avon Park, FL 33825	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, RAY		NAME		
STREET ADDRESS	36 DELANEY HEIGHTS		STREET ADDRESS		
CITY-ST-ZIP	AVON PARK FL 33825		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: Ricardo L. Gilmore DATE: 9-5-02 863-452-4432

CR2E037 (4/02)