

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N13597**

1. Entity Name

GULFCOAST HOUSING FOUNDATION, INC.**FILED****Mar 26, 2001 8:00 am**
Secretary of State

03-26-2001 90150 040 ****61.25

Principal Place of Business

**11300 FOURTH STREET NORTH
SUITE 200
ST. PETERSBURG FL 33716-2940
US**

Mailing Address

**11300 FOURTH STREET NORTH
SUITE 200
ST. PETERSBURG FL 33716-2940
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

59-2645275

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****CHADWICK, JAMES M
11300 FOURTH STREET NORTH
STE. 200
ST. PETERSBURG FL 33716****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	PD	<input type="checkbox"/> Delete
NAME	PEARSON, MARY R	
STREET ADDRESS	120 GULF BLVD	
CITY-ST-ZIP	BELLEAIR SHORE FL	

TITLE	VPD	<input type="checkbox"/> Delete
NAME	LAMPE, DOUGLAS	
STREET ADDRESS	1110 PINELLAS BAYWAY, SUITE 200	
CITY-ST-ZIP	TIERRA VERDE FL	

TITLE	DST	<input type="checkbox"/> Delete
NAME	ALBERS, A L	
STREET ADDRESS	2772 - 67TH STREET NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Attkisson, James R.	
STREET ADDRESS	9600 Koger Blvd., Suite 105	
CITY-ST-ZIP	St. Petersburg, FL 33702	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brown, Larry	
STREET ADDRESS	5802 N. Occident St.	
CITY-ST-ZIP	Tampa, FL 33614	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Morrod, Roy	
STREET ADDRESS	12501 Ulmerton Rd., Lot 77	
CITY-ST-ZIP	Largo, FL 33774	

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		

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary R. Pearson, President

Date

Daytime Phone #

02/13/01

(727) 595-5597

CR2E037 (10/00)