

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N31825**

1. Entity Name

HOUSING AND NEIGHBORHOOD DEVELOPMENT SERVICES OF

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90970 041 ****70.00

Principal Place of Business 2211 EAST HILLCREST ST. ORLANDO FL 32803 US	Mailing Address 2211 EAST HILLCREST ST. ORLANDO FL 32803-4905 US
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DO NOT WRITE IN THIS SPACE

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 59-2951883	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

LATHAM, PETER G.
390 N ORANGE AVE
SUITE 600, BARNETT BANK CENTER
ORLANDO FL 32801

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 _____ (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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, ERNESTO	NAME	
STREET ADDRESS	108 WYMORE RD	STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SABETI, M	NAME	
STREET ADDRESS	4063 N GLDENROD RD, 208	STREET ADDRESS	
CITY-ST-ZIP	WINTER PK FL 32732	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLES, MEROY	NAME	
STREET ADDRESS	724 W BENTLEY ROAD	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEE, R	NAME	
STREET ADDRESS	390 N ORANGE AVE, 700	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DYE, RICHARD A.	NAME	
STREET ADDRESS	2277 LEE RD., SUITE 200 EAST	STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCIS, E	NAME	
STREET ADDRESS	255 S ORANGE AVE, 1590	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801	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: _____ **REQUIRED** 4/27/00

Date _____ Daytime Phone # _____

(907) 896-0805 x 318

CR2E037 (9/99)