

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90004 027 ****61.25

DOCUMENT # N31825

1. Entity Name

HOUSING AND NEIGHBORHOOD DEVELOPMENT SERVICES OF

Principal Place of Business

Mailing Address

2211 EAST HILLCREST ST.
 ORLANDO FL 32803
 US

2211 EAST HILLCREST ST.
 ORLANDO FL 32803
 US

2. Principal Place of Business

3. Mailing Address

990 N. Bennett Ave

← Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#200

City & State

City & State

Winter Park FL

4. FEI Number

59-2951883

Applied For

Not Applicable

Zip

Country

Zip

Country

32789

USA

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

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

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

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

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
 ERNESTO GONZALEZ 4/26/01

407-740-0805

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)