2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2000 08:00 AM
Secretary of State

DOCUMENT # **N98000003243**

1. Entity Name
COALITION OF AFFORDABLE HOUSING PROVIDERS, INC.

Principal Place of Business	Mailing Address
335 BEARD ST	335 BEARD ST
TALLAHASSEE FL 32303 US	TALLAHASSEE FL 32303 US

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 **59-3518972** ☐ 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
HARRIS ROBERT C 335 BEARD ST TALLAHASSEE FL 32303	Name: SKROB ROBERT Street Address (P.O. Box Number is Not Acceptable): 335 BEARD ST City: TALLAHASSEE FL Zip Code: 32303

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 **ROBERT SKROB** **04/06/2000**
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	D	☐ Delete		TITLE	D	☒ Change	☐ Addition
NAME	HENDRICKSON MARK			NAME	BOGGIO LLOYD		
STREET ADDRESS	1404 ALBAN AVE			STREET ADDRESS	2837 SW 27TH AVE., #303		
CITY-ST-ZIP	TALLAHASSEE FL			CITY-ST-ZIP	COCONUT GROVE FL		
TITLE	D	☐ Delete		TITLE	TD	☒ Change	☐ Addition
NAME	PLONSKIER MARK			NAME	FEINBERG HELEN		
STREET ADDRESS	313 CONGRESS ST			STREET ADDRESS	100 2ND AVE. SOUTH, #800		
CITY-ST-ZIP	BOSTON MA			CITY-ST-ZIP	ST. PETERSBURG FL		
TITLE	VD	☐ Delete		TITLE	D	☒ Change	☐ Addition
NAME	PEPPER DONNA			NAME	PEPPER DONNA		
STREET ADDRESS	2105 PARK AVE NORTH			STREET ADDRESS	2105 PARK AVE NORTH		
CITY-ST-ZIP	WINTER PARK FL 32789			CITY-ST-ZIP	WINTER PARK FL 32789		
TITLE	TD	☐ Delete		TITLE	VD	☒ Change	☐ Addition
NAME	KOEHLER DEBRA			NAME	KOEHLER DEBRA		
STREET ADDRESS	6200 COURTNEY CAMPBELL CSWY STE 600			STREET ADDRESS	6200 COUTNEY CAMPBELL CSWY., #600		
CITY-ST-ZIP	TAMPA FL			CITY-ST-ZIP	TAMPA FL		
TITLE	SD	☐ Delete		TITLE	SD	☒ Change	☐ Addition
NAME	BELLNER BETH			NAME	STEPHENS LISA		
STREET ADDRESS	1056 SADDLEBACK RIDGE RD			STREET ADDRESS	5700 SW 34TH STREET, #1307		
CITY-ST-ZIP	APOPKA FL 32703			CITY-ST-ZIP	GAINESVILLE FL		
TITLE	P	☐ Delete		TITLE	P	☒ Change	☐ Addition
NAME	PACKARD KRISTEN			NAME	PLONSKIER MARC S		
STREET ADDRESS	3030 HARTLEY RD, SUITE 100			STREET ADDRESS	313 CONGRESS STREET		
CITY-ST-ZIP	JACKSONVILLE FL 32257			CITY-ST-ZIP	BOSTON MA		

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.