2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 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	TALLAHASSEE FL
32303 US	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

SKROB ROBERT
335 BEARD ST
TALLAHASSEE FL
32303

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 **ROBERT SKROB** **04/30/2001**
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 BOGGIO LLOYD 2837 SW 27TH AVE., #303 COCONUT GROVE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FEINBERG HELEN 100 2ND AVE. SOUTH, #800 ST. PETERSBURG FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BELLNER BETH 1124 E. SEMORAN BLVD. APOPKA FL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PEPPER DONNA 2105 PARK AVE NORTH WINTER PARK FL 32789	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MACLEISH-WHITE ODETTA 4707 NW 53RD AVENUE, SUITE A GAINESVILLE FL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD KOEHLER DEBRA 6200 COUTNEY CAMPBELL CSWY., #600 TAMPA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD STEPHENS LISA 5700 SW 34TH STREET, #1307 GAINESVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PLONSKIER MARC S 313 CONGRESS STREET BOSTON MA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PLONSKIER MARC S 120 FORBES BLVD. MANSFIELD MA	☒ Change ☐ Addition

CR2E037 (11/00)

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: Beth Bellner TD 04/30/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #