

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 718497

1. Entity Name

HERITAGE PRESBYTERIAN HOUSING, INC.

Principal Place of Business

10200 122ND AVE N
LARGO FL 33540
US

Mailing Address

1051 2ND AVE. NORTH
ST PETERSBURG FL 33705-1563

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

59-1656553

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

AHRENHOLZ, THOM
1051 2ND AVE. NORTH
ST PETERSBURG FL 33705

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 VD
NAME MONTWID, RON
STREET ADDRESS 2414 COVENTRY AVENUE
CITY-ST-ZIP LAKELAND FL 33803 ☒ Delete

TITLE S
NAME MILLER, LAURA
STREET ADDRESS 390 WASHINGTON CT
CITY-ST-ZIP FT MYERS FL ☐ Delete

TITLE ASD
NAME DAVIES, IDRIS
STREET ADDRESS 2084 MASSACHUSETTS AVE, NE
CITY-ST-ZIP ST. PETERSBURG FL ☐ Delete

TITLE DV
NAME ALBERTS, HENK
STREET ADDRESS 10911 CARROLLWOOD DR.
CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE P
NAME ZABLE, ELIZABETH A
STREET ADDRESS 5620 HALFMOON LK RD
CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE T
NAME ROLLESTONE, JIM
STREET ADDRESS 5315 BOW LINE BEND
CITY-ST-ZIP NEW PORT RICHEY FL ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE V/D
NAME Andreassen, Robert
STREET ADDRESS 4441 Blue Sage Court
CITY-ST-ZIP Bonita Springs FL 33923 ☐ Change ☒

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Elizabeth A. Zable
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-960-7835

Date

Daytime Phone #