

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763498
1. Entity Name
THE Florida Association of Housing Finance Agencies, Inc.

Principal Place of Business Mailing Address
370 Pinellas Bayway #C Po Box 568007
Tierra Verde, FL 33715 Orlando, FL 32856

2. Principal Place of Business 3. Mailing Address
370 Pinellas Bayway #C Po Box 568007
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Tierra Verde FL Orlando FL
Zip Country Zip Country
33715 USA 32856 USA

4. FEI Number 59-2949126 Applied For Not Applicable
5. Certificate of Status Desired X \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LISA FISHER
343 Agnes St
Orlando FL 32801

7. Name and Address of New Registered Agent
Name LISA FISHER
Street Address (P.O. Box Number is Not Applicable)
370 Pinellas Bayway #C
City, State, Zip Code
Tierra Verde FL 33715

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 *L. Fisher* DATE 5/10/00
(NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP
SD Fisher, Lisa Post Box 568007 Orlando, Florida 32856
D Abbott, Angela 11A Max Brewer Men Akwa Titusville, FL
TD Jernigan, Gordon 25 W Cedar ST #530 Pensacola, FL
D Robinson, Lennard 110 NE 3rd ST #300 Ft Lauderdale FL
P Ellington, Richard 701 US Hwy 1 #402 North Palm Bch, FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP
SAME 500003291275--5 -06/15/00--01062--037 *****70.00 *****70.00
SAME
SAME
SAME
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SAME

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: *Lisa Fisher* 5/10/00 407-481-2324
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED

00 JUN -9 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE