

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91390 039 ****61.25

DOCUMENT # 713010

1. Entity Name

JOHN KNOX HOUSING, INC.

Principal Place of Business

Mailing Address

1035 ARLINGTON AVE. N.
 ST. PETERSBURG FL 33705
 US

1051 2ND AVENUE NORTH
 ST. PETERSBURG FL 33705

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

59-1209293

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

7. Name and Address of New Registered Agent

AHRENHOLZ, THOM
1051 2ND AVENUE N.
ST PETERSBURG FL 33705

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 **VD** ☐ Delete
 NAME **MILLER, LAURA**
 STREET ADDRESS **390 WASHINGTON CT**
 CITY-ST-ZIP **FT. MYERS BEACH FL**

TITLE **PD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☐ Delete
 NAME **DAVIES, IDRIS**
 STREET ADDRESS **2084 MASSACHUSETTS AVE., N.E.**
 CITY-ST-ZIP **ST. PETERSBURG FL**

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

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

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

TITLE **TD** ☒ Delete
 NAME **ROLLESTONE, JIM**
 STREET ADDRESS **5315 BOW LINE BEND**
 CITY-ST-ZIP **NEW PORT RICKEY FL**

TITLE **TD** ☐ Change ☒ Addition
 NAME **Nussbaum, Leo**
 STREET ADDRESS **6909 9th St. So. # 336**
 CITY-ST-ZIP **St. Petersburg FL 33705**

TITLE **ASD** ☐ Delete
 NAME **LUKENS, ELAINE**
 STREET ADDRESS **2245 GLENMOOR ROAD**
 CITY-ST-ZIP **CLEARWATER FL 34624**

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

TITLE **PD** ☒ Delete
 NAME **ANDREASON, ROBERT**
 STREET ADDRESS **4441 BLUE SAGE COURT**
 CITY-ST-ZIP **BONITA SPRINGS FL 33923**

TITLE **VD** ☐ Change ☒ Addition
 NAME **Jones, Gloria**
 STREET ADDRESS **4302 Deepwater Lane**
 CITY-ST-ZIP **Tampa, FL 33615**

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 of Laura Miller

Laura Miller 2/21/02 727-894-0368

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)