2000 UNIFORM BUSINESS REPORT (UBR)

Apr 18, 2000 8:00 am Secretary of State DOCUMENT # **726503** 1. Entity Name 04-18-2000 90148 033 ****61.25 SANFORD HOUSING AUTHORITY RESIDENT COUNCIL, INC. Principal Place of Business Mailing Address P.O. BOX 2359 P.O. BOX 2359 SANFORD FL 32772 SANFORD FL 32772-2359 2. Principal Place of Business DO NOT WRITE IN THIS SPACE roe lerrace e Montoe lettace 4. FEI Number Applied For NOT APPLICABLE Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Ad objects Street Address (P.O. Box Number is Not Acceptable) PETERSON, ESTELLA **APT 29 CASTLE BREWER COURT** SANFORD FL 32771 City 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 Fiorida. (NQTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** 4FEE IS \$61.25 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Delete TITLE TITLE Diann Nelson DAVIS, LULA MAE-NAME NAME Apt. 26 Lake Monroe Terrace STREET ADDRESS STREET ADDRESS APT. 19 REDDING GARDENS CITY-ST-ZIP CITY-ST-ZIP SANFORD FL 32771 ☐ Delete ☐ Change TITLE В TITLE THOMUN, ETHEL NAME NAME STREET ADDRESS STREET ADDRESS APT 18 WILLIAM CLARK COURT CITY-ST-ZIP CITY-ST-7IP SANFORD FL 32771 Delete TITLE Change TITLE Johnnie Payne NAME GRIFFIN, JOSEPHINE NAME plaT Lake Monroe Terrace STREET ADDRESS STREET ADDRESS APT 57 LAKE MONROE TERRACE CITY-ST-ZIP CITY-ST-ZIP SANFORD FL 32771 ☐ Change TITLE ☐ Delete TITI F NAME PETERSON, ESTELLA NAME STREET ADDRESS STREET ADDRESS **APT. 29 CASTLE BREWER COURT** CITY-ST-ZIP CITY-ST-ZIP SANFORD FL 32771 TITLE ☐ Delete TITLE □ Change WILLIAMS, JOE NAME NAME STREET ADDRESS STREET ADDRESS #45 REDDING GARDENS CITY-ST-ZIP CITY-ST-ZIP SANFORD FL 32771 TITLE VPD ☐ Delete TITLE ☐ Change NAME GRAHAM, VIRGINIA NAME STREET ADDRESS APT 111 CASTLE BREWER COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SANFORD FL 32771

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the 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 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 in changed, or on an attachment with an address, with all other like empowered,

4/10/2000 Davime Phone #

FILED