

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90104 001 ***367.50

DOCUMENT # 733916

1. Entity Name

CMHC PROPERTIES, INC.

Principal Place of Business

Mailing Address

**1221 W LAKEVIEW
 PENSACOLA FL 32501**

**1221 W LAKEVIEW
 PENSACOLA FL 32501-1857**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1747844

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**EADDY, MORRIS L.
 1221 W. LAKEVIEW AVENUE
 PENSACOLA FL 32501**

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 **VCD** Delete
 NAME **MCCORVEY, ANGELA**
 STREET ADDRESS **7692 CHARTER OAKS DR**
 CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE **VCD** Change Addition
 NAME **H. Britt Landrum, Jr.**
 STREET ADDRESS **4050 Bedevere Drive**
 CITY-ST-ZIP **Pensacola, FL 32514**

TITLE **CD** Delete
 NAME **DURHAN, MICHAEL**
 STREET ADDRESS **P.O. BOX 510 N/A**
 CITY-ST-ZIP **PENSACOLA FL 32593**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **MARTIN, ESTHER LEE**
 STREET ADDRESS **6123 CHABLIS LANE**
 CITY-ST-ZIP **PENSACOLA FL**

TITLE **D** Change Addition
 NAME **W. Fred Bond**
 STREET ADDRESS **4305 D'Evereaux Drive**
 CITY-ST-ZIP **Pensacola, FL 32503**

TITLE **S** Delete
 NAME **POWELL, MELBA K**
 STREET ADDRESS **11610 CABOT ST**
 CITY-ST-ZIP **PENSACOLA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** Delete
 NAME **EADDY, MORRIS L**
 STREET ADDRESS **4030 COLLINGSWOOD RD**
 CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: Morris L. Eaddy, President/CEO
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/00

Date

850-469-3700

Daytime Phone #

CR2E037 (9/99)