

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90096 029 ****70.00

DOCUMENT # 747083
 1. Entity Name
PUBLIC HOUSING ASSISTANCE, INC.

Principal Place of Business Mailing Address
300 W. DIXIE AVE. **300 W. DIXIE AVE.**
LEESBURG FL 34748 **LEESBURG FL 34748-6353**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-2196112 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
LOWE, JAMES H.
501 N BAY ST
EUSTIS FL 32726

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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	PD	<input type="checkbox"/> Delete
NAME	LOWE, JAMES H.	
STREET ADDRESS	101 S EUTIS ST	
CITY-ST-ZIP	EUSTIS FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JONES, ALUN M.	
STREET ADDRESS	707 S MOUND ST.	
CITY-ST-ZIP	LEESBURG FL	
TITLE	SDT	<input type="checkbox"/> Delete
NAME	JONES, NANCY	
STREET ADDRESS	707 S MOUND ST.	
CITY-ST-ZIP	LEESBURG FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOUELLAN, BERNICE	
STREET ADDRESS	2000 PARK CIR APT 58	
CITY-ST-ZIP	LEESBURG FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WARD, MARGARET C.	
STREET ADDRESS	401 N. MILLS ST.	
CITY-ST-ZIP	LEESBURG FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ATLEY, PATRICIA	
STREET ADDRESS	700 SOUTH BOYLSTON ST.	
CITY-ST-ZIP	LEESBURG FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* Jones 1-14-2000 352/787/6700
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Davitme Phone #

CR2E037 (9/99)