

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 749620

1. Entity Name

FORT PIERCE HOUSING DEVELOPMENT CORPORATION

Principal Place of Business

Mailing Address

707 N. 7TH ST.  
FORT PIERCE FL 34950-3131

707 N. 7TH ST.  
FORT PIERCE FL 34950-3131

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

59-0899100

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUSANEK, LINDA S  
707 NORTH 7TH STREET  
FT PIERCE FL 34950

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 | NAME | STREET ADDRESS         | CITY-ST-ZIP                                     | <input type="checkbox"/> Delete |
|-------|------|------------------------|---|---------------------------------|
|       | D    | BECHT, EDWARD W        | 321 SOUTH 2ND STREET<br>FT. PIERCE FL 34950     | <input type="checkbox"/>        |
|       | D    | LEATH, MARK            | 1727 OKEECHOBEE ROAD<br>FORT PIERCE FL 34950    | <input type="checkbox"/>        |
|       | CD   | BRENNER, HOWARD H      | 1630 SEAWAY DR, UNIT 307<br>FT. PIERCE FL 34949 | <input type="checkbox"/>        |
|       | D    | CARTER, THERESA        | 2901 AVE F #B<br>FORT PIERCE FL 34950           | <input type="checkbox"/>        |
|       | D    | WILLIAMS, GEORGE L III | 606 BOSTON AVENUE<br>FT. PIERCE FL 34950        | <input type="checkbox"/>        |
|       | S    | DUSANEK, LINDA S       | 4103 SMOKEY PINES CT.<br>FORT PIERCE FL 34951   | <input type="checkbox"/>        |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change     | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|-------------------------------------|-----------------------------------|
|       | VD   |                |             | <input checked="" type="checkbox"/> | <input type="checkbox"/>          |
|       | D    |                |             | <input checked="" type="checkbox"/> | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>            | <input type="checkbox"/>          |
|       | CD   |                |             | <input checked="" type="checkbox"/> | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>            | <input type="checkbox"/>          |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)