

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 752491

1. Entity Name

PRESBYTERIAN HOMES AND HOUSING FOUNDATION OF FLO

Principal Place of Business

1051 2ND AVE N  
ST PETERSBURG FL 33705

Mailing Address

1051 2ND AVE N  
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

6. Name and Address of Current Registered Agent

AHRENHOLZ, THOMAS  
1051 2ND AVE. NORTH  
ST. PETERBURG FL 33705

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

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

TITLE S  
NAME MILLER, LAURA  
STREET ADDRESS 390 WASHINGTON CT  
CITY-ST-ZIP FT. MYERS FL

TITLE DP  
NAME ZABLE, ELIZABETH A  
STREET ADDRESS 5620 HALFMOON LAKE RD  
CITY-ST-ZIP TAMPA FL

TITLE VD  
NAME ANDREASON, ROBERT  
STREET ADDRESS 4441 BLUE SAGE COURT  
CITY-ST-ZIP BONITA SPRINGS FL 33903

TITLE T  
NAME ROLLESTONE, JIM  
STREET ADDRESS 6315 BOW LINE BEND  
CITY-ST-ZIP NEW PORT RICHEY FL

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

TITLE ASD  
NAME DAVIES, IDRIS  
STREET ADDRESS 2084 MASSACHUSETTS AVE. N.E.  
CITY-ST-ZIP ST. PETERSBURG FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE V/D  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ASD  
NAME Lukens, Elaine  
STREET ADDRESS 2245 Glenmoor Rd.  
CITY-ST-ZIP Clearwater, FL 34624

TITLE P/D  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T/D  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V/D  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S/D  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Mar 09, 2001 8:00 am  
Secretary of State

03-09-2001 90487 007 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)