

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 755201

1. Entity Name

SOUTHWEST FLORIDA HOUSING DEVELOPMENT CORP.

Principal Place of Business

1904 DREW STREET
CLEARWATER FL 34625

Mailing Address

1904 DREW STREET
CLEARWATER FL 34625

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

NOT APPLICABLE

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

BENEKE, STEPHEN G.
1904 DREW STREET
CLEARWATER FL 33575

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
After September 13, 2000 min. will be \$236.25

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 PD
NAME TICE, GEORGE
STREET ADDRESS 2292 COSTARICAN DR., #20
CITY-ST-ZIP CLEARWATER FL

☐ Delete

TITLE PD
NAME DONOVAN, KENNETH K
STREET ADDRESS 411 PALM ISLAND, S.E.
CITY-ST-ZIP CLEARWATER, FL 33767

☒ Change ☐ Addition

TITLE VD
NAME RENFROE, C.E.
STREET ADDRESS 502 ALTHEA ROAD
CITY-ST-ZIP BELLEAIR FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE STD
NAME DONOVAN, KENNETH K
STREET ADDRESS 411 PALM ISLAND, S.E.
CITY-ST-ZIP CLEARWATER FL

☒ Delete

TITLE STD
NAME TICE, GEORGE
STREET ADDRESS 2292 COSTARICAN DR., #20
CITY-ST-ZIP CLEARWATER, FL 33763

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/15/2000

Date

Daytime Phone #

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90003 001 ****61.25



DO NOT WRITE IN THIS SPACE

CP2E037 (5/00)