## 2001 UNIFORM BUSINESS REPORT (UBR)

## **Secretary of State** DOCUMENT # 755201 05-23-2001 90021 012 \*\*\*\*61.25 1. Entity Name SOUTHWEST FLORIDA HOUSING DEVELOPMENT CORP. Principal Place of Business Mailing Address 149725 1904 DREW STREET 1904 DREW STREET CLEARWATER FL 34625 CLEARWATER FL 34625 2. Principal Place of Business 3. Mailing Address 11479 Ulmerton Road 11479 Ulmerton Road Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Largo, Fl. City & State 4. FEI Number Applied For NOT APPLICABLE 33778 Largo, Fl. 33778 Not Applicable Country Pinellas Country Zip 33778 \$8.75 Additional 5. Certificate of Status Desired 33778 Pinellas Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Begistered Agent Name Ricardo=Gilmore BENEKE, STEPHEN G. 101 E KENNEDY BLVD 1904 DREW STREET **SUITE 3200 CLEARWATER FL 33575** City TAMPA FL 8. The above named entity submits this statement for the purpose of changing its registered c I agent, or both, in the state of Florida. SIGNATURE .. **FILE NOW:** 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE Change ☐ Addition TICE, GEORGE HALLE NAME Flaherty, Brian STREET ADDRESS 2292 COSTARICAN DR., #20 STREET ADDRESS CR2E037 1522 Sand Hollow Court CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL <u>Palm Harbor, Fl.</u> 34683 ☐ Addition Delete TITLE Change TITLE RENFROE, C.E. NAME NAME Keller, Dolores STREET ADDRESS STREET ADDRESS **502 ALTHEA ROAD** 1632B Peaceful Lane CITY-ST-ZIF CITY-ST-71P BELLEAIR FL Dunedin, F1, 34698 - 🗹 : Change ---- 🗀 Addition : STD. TITLE TITLE DONOVAN, KENNETH K NAME Gregorio-Tena, Rosita STREET ADDRESS 411 PALM ISLAND, S.E. STREET ADDRESS 865 Live-Oak Terrace N.E CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL St. Petersburg, Fl TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TTLE Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Dalete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-77P 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 either like empowered.

SIGNATURE:

ORE REQUIRED
OR PRINTED NAME OF SUCKING OFFICER OR DIFFECTOR

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Daytime Phone #

FILED Jun 22, 2001 8:00 am