## 2002 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 755201** 1. Entity Name SOUTHWEST FLORIDA HOUSING DEVELOPMENT CORP.

## **FILED** Jul 22, 2002 8:00 am Secretary of State

07-22-2002 90165 022 \*\*\*\*61.25

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Mailing Address

11479 ULMERTON ROAD LARGO FL 33778

Principal Place of Business

11479 ULMERTON ROAD **LARGO FL 33778** 

| 2. Principal Place of Business | 3. Mailing Address  |
|--------------------------------|---------------------|
| 11479 ULMERION ROAD            | 11479 ULMERTON ROAD |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |

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| 11479 UI                           | MERION ROAD   | 11479 ULMERION ROAD                |  |  |   |                   |                |                |                |  |
|                                    | pt. #, etc. Suite, Apt. #, etc.                         |                                    |  |  | DO NOT WRITE IN THIS SPACE                  |                   |                |                |                |  |
| l, ,                               | ·   |                                    |  |  |   |                   |                |                |                |  |
| City & State City & State          |   |                                    | 4. FEI Nun                                       | 4. FEI Number  |   | pplied For        | 7              |                |                |  |
| LARGO. F                           | ARGO, FL 33778 IARGO, FL 33778                          |                                    | 8  |  | NOT APPLICA                                 | /RTE              |                | ot Applicable  | 1              |  |
|                                    |   |                                    |  | <del>-  </del>                                       |   |                   |                |                | 1              |  |
| 22770                              |   |                                    | •  | Sountry 5. Certificate of Status Desired 5. Security |   |                   |                |                | 1              |  |
| 337,78                             | - USA   | 33778                              | USA  | USA Fee Required                                     |   |                   |                |                |                |  |
|                                    | 6. Name and Address of Current R                        | egistered Agent                    |  | 7 Name a   | 7. Name and Address of New Registered Agent |                   |                |                |                |  |
|                                    | •   |                                    | Name   |  |   |                   |                |                | 1              |  |
|                                    |   |                                    | Caract Arte                                      | Innan (D.O. Bou Nive                                 | nhar in Not Accontable)                     |                   |                |                | 1              |  |
| GILMORE,                           | RICARDO   |                                    | Street Add                                       | Street Address (P.O. Box Number is Not Acceptable)   |   |                   |                |                |                |  |
| 101 E KEN                          | NEDY BLVD   |                                    | <u> </u>   |  |   |                   |                |                | 1              |  |
| SUITE 3200                         |   |                                    | ]  | ļ  |   |                   |                |                |                |  |
| TAMPA FL                           |   |                                    | City   | i  |   | FL                | Zip Cod        | le             | 1              |  |
| IAMEN IL                           | 33002   |                                    |  | _ i  |   |                   |                |                |                |  |
| 8. The above                       | named entity submits this statement for                 | the purpose of changing its r      | egistered office or re                           | egistered agent, or                                  | both, in the state of Flori                 | da.               |                | _              | 1              |  |
|                                    | ,   |                                    | •  |  |   |                   |                | :              |                |  |
|                                    |   |                                    |  | I  |   |                   |                |                |                |  |
| SOLUTION.                          |   |                                    |  |  |   |                   |                |                | 1              |  |
| SIGNATURE _                        | Signature, typed or printed name of registered agent ar | nd title if applicable. (NOTE:     | Registered Agent signature                       | required when reinstating)                           |   | DATE              |                | <del></del> .  | Ì              |  |
|                                    |   |                                    |  |  |   |                   |                |                | ł              |  |
|                                    |   |                                    |  |  |   |                   |                |                | 1              |  |
| ]                                  | EU E NOW, EEE IQ 661 26                                 | 9. Election Cam                    |  | , <b>\$5.00</b> ма                                   |   | e Check           |                |                |                |  |
| FILE NOW: FEE IS \$61.25 Trust Fur |   | Trust Fund Co                      | ontribution.                                     | Added to Fe  | es De                                       | partment          | t of State     | e              |                |  |
| •                                  |   | ł                                  |  |  |   |                   |                |                |                |  |
| 10.                                | OFFICERS AND DIRE                                       | ECTORS                             | 11.  | ADDITIONS/0  | CHANGES TO OFFICER                          | S AND DIRE        | CTORS IN       | V 10           |                |  |
| <del></del>                        | PO  | ☐ Delete                           | TITLE  | D  |   |                   | ☐ Change       | ☐ Addition     | ٦6             |  |
|                                    | FLAHERTY, BRIAN   | C Delete                           | NAME   | CASSANDRA  | TACKSON                                     |                   |                | _              | CR2E037 (9/01) |  |
|                                    |   |                                    | STREET ADDRESS                                   |  |   | . 7               |                |                | 3              |  |
|                                    |   | EE Grain Hoceon Coom               |  |  | 1657 27TH AVENUE SOUTH                      |                   |                |                |                |  |
|                                    | PALM HARBOR FL 34683                                    |                                    | CITY-ST-ZIP                                      | ST PETERS  | <u>BUIG, FL 337</u> .                       |                   |                | <del></del>    | 湿              |  |
| TITLE                              | VD  | ☐ Delete                           | TITLE  | در <b>می</b>   |   |                   | Change         | Mddition       | ū              |  |
|                                    | KELLER, DOLORES   |                                    | → NAME   | RALPH EMM  | ANCELLI                                     |                   |                |                |                |  |
|                                    | 1632B PEACEFUL LANE                                     |                                    | STREET ADDRESS                                   | 2231 CYPF  |   |                   |                |                | 1              |  |
|                                    | DUNEDIN FL 34698  |                                    | CITY-ST-ZIP                                      | 1  |   |                   |                |                |                |  |
|                                    |   | <del></del>                        |  | INFDIN,  | FI 34698                                    |                   | Chann          | ~ Addition     | 1              |  |
| ) ''' <b>-</b>                     | STD   | ☐ Oelete                           | TITLE  | _  |   |                   | '_1.∧ietiña-   |                | 1              |  |
| NAME                               | GREGORIO-TENA, ROSITA                                   |                                    | NAME   | i  |   |                   |                | ***            |                |  |
| STREET ADDRESS                     | 865 LIVE OAK TERRACE NE                                 |                                    | STREET ADORESS                                   | i  |   |                   |                |                | 1              |  |
| CITY-ST-ZIP                        | SAINT PETERSBURG FL 33703                               |                                    | CITY-ST-ZIP                                      | i  |   |                   |                |                | 1              |  |
| TITLE                              |   | ☐ Delete                           | TITLE  | 1  |   |                   | Change         | ☐ Addition     | 1              |  |
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| ) <b>!</b>                         |   |                                    | STREET ADDRESS                                   |  |   |                   |                |                |                |  |
| STREET ADDRESS                     |   |                                    |  | 1  |   |                   |                |                | 1              |  |
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| STREET ADDRESS                     |   |                                    | STREET ADDRESS                                   | 1  |   |                   |                |                | 1              |  |
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| ( OI 1-31-21F                      |   |                                    | <del>                                     </del> | +  | ·   | -                 | :Change        | ☐ Addition     | i              |  |
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| STREET ADDRESS                     | át.   |                                    | STREET ADORESS                                   | ĺ  |   |                   |                | '              | ]              |  |
| CITY-ST-ZIP                        |   |                                    | CITY-ST-ZIP                                      | 1  | 1   |                   |                |                |                |  |
|                                    | certify that the information supplied with I            | this filian does not qualify for t | the exemption states                             | in Section 119 07/                                   | 3)(i), Florida Statutes. I f                | urther certif     | y that the i   | nformation     | ]              |  |
| i t∡. inereby 0                    | ermy man me information supplied with i                 | and ming goes not quanty to the    | "" over the prior states                         |  | tall an it made under or                    | the that I am     | an officer     | r or director  | 1              |  |

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.

Attachnent B013099



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

July 11, 2002

SOUTHWEST FLORIDA HOUSING DEVELOPMENT CORP. 11479 ULMERTON ROAD LARGO, FL 33778

Subject: SOUTHWEST FLORIDA HOUSING DEVELOPMENT CORP.

Reference Number: 0# 755201

Please be advised, we have received your annual report/uniform business report; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

To be accepted by our bank, a check must be completed in its entirety. Both the numeric and written amounts must be completed.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/rg ANNUAL REPORTS SECTION