

2000 UNIFORM BUSINESS REPORT (UBR)

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

04-18-2000 90267 003 ****70.00

DOCUMENT # 757707

1. Entity Name

EAST HILLSBOROUGH HOUSING DEVELOPMENT, INCORPORA

Principal Place of Business

Mailing Address

611 12TH ST
 LEESBURG FL 34748
 US

PO BOX 492228
 LEESBURG FL 34749-2228

2. Principal Place of Business

3. Mailing Address

613 12TH STREET
 Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LEESBURG FL

4. FEI Number

59-2520097

Applied For

Not Applicable

Zip

Country

Zip

Country

34748

USA

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAGALSKI, BARBARA
 611 12TH ST
 LEESBURG FL 34748

Name

CHANGE ADDRESS

Street Address (P.O. Box Number is Not Acceptable)

City

613 12TH STREET
 LEESBURG FL

Zip Code

34748

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	DS	<input type="checkbox"/> Delete
NAME	NORIEGA, SHANTOS	
STREET ADDRESS	5608 DOWNING ST	
CITY-ST-ZIP	DOVER FL 33527	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	ERANCO, MELISSA A	
STREET ADDRESS	43 WESTSIDE DR	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GUTIERREZ, ARTURO	
STREET ADDRESS	78 WESTSIDE DRIVE	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSALES, JOSE	
STREET ADDRESS	38 WESTSIDE DRIVE	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARISCAL, LETICIA	
STREET ADDRESS	61 WESTSIDE DRIVE	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: MELISSA A ERANCO
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3/31/00 Daytime Phone #: (352) 787-2700

CR2E037 (9/99)