2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 758466

FILED
May 15, 2000 8:00 am
Secretary of State
05-15-2000 90269 013 ****70.00

1. Entity Name

SELF-RELIANCE HOUSING, INC.

Principal Place of Business	Mailing Address
12718 N. 19TH ST. TAMPA FL 33612	11215 N. NEBRASKA # B-3 TAMPA FL 33612-5774

DO NOT WRITE IN THIS SPACE

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 59-1981675 ☐ 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
DOYLE, JAMES P 11215 N. NEBRASKA AVE. STE B-3 TAMPA FL 33612	Name: Susan Stacy, Street Address (P.O. Box Number is Not Acceptable): 11215 N. Nebraska Ave., B-3 City: Tampa **FL** Zip Code: 33612

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: Susan Stacy 04/26/00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DC HUTCHINSON, THOMAS 712 COUNTRY CLUB DR. TAMPA FL 33612	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T HUTCHINSON, THOMAS 712 COUNTRY CLUB DRIVE TAMPA, FL 33612	XX ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOUGHERTY, TOM 12718 N 19TH ST #1821 TAMPA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Asst. VP DOUGHERTY, TOM 12718 N 19th ST., #1821 TAMPA, FL 33612	XX ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JACKY, DANIEL 12402 1/2 GREENLANDS DR RIVERVIEW FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SLATER, LEE 408 N. BRYAN CIRCLE BRANDON, FL 33511	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST SCHAIBLY, DEBI 3153 TINA MARIE ZEPHYRHILLS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC MALLORY, NORMAN 12602 51ST ST TAMPA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MALLORY, NORMAN 12602 51st STREET TAMPA, FL 33617	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GONDREAU, DAVID 301 E. 121ST AVE TAMPA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GONDREAU, DAVID 301 E. 121st AVE. TAMPA, FL 33612	XX Change ☐ Addition

CR2E037 (9/99)

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 Executive Director (813) 975-6560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Susan Stacy — Date 04/26/00 — Daytime Phone #