# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Mar 12, 2002 8:00 am**
**Secretary of State**
03-12-2002 90278 038 ****61.25

DOCUMENT # 765538

1. Entity Name

FLORIDA HOUSING COALITION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1367 E LAFAYETTE ST #C<br>TALLAHASSEE FL 32301<br>US | 1367 E LAFAYETTE ST #C<br>TALLAHASSEE FL 32301<br>US |

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 59-2235835 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

SUBER, TRACY D
1367 E LAFAYETTE ST #C
TALLAHASSEE FL 32301

**7. Name and Address of New Registered Agent**

Name Robert Ippolito

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

1367 E. Lafayette st. suite c

City Tallahassee FL Zip Code 32301

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).

**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 | PD<br>PHILPOT, MELVIN<br>3300 UNIVERSITY BLVD STE 158<br>WINTE PARK FL 33972 | ☐ Delete | CD<br>Philpot, melvin<br>~~3300 University Blvd ste 158~~ wrong<br>~~Winter Park FL 33972~~ address | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>PHILPOT, MELVIN<br>3300 UNIVERSITY BLVD STE 158<br>~~WINTER PARK FL 33792~~ | ☒ Delete | correct address for the above:<br>3300 Exchange place<br>Lake Mary FL 32746 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>SCWARTZ, GREGG<br>2139 NE COACHMAN RD<br>CLEARWATER FL 33765 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>HORVATH, DAN<br>302 N BARCELONA ST<br>PENSACOLA FL 32501 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>ROSS, JAIME<br>926 EAST PARK AVENUE<br>TALLAHASSEE FL 32301 | ☐ Delete | PD<br>Ross, Jaime<br>926 E. Park Ave.<br>Tallahassee FL 32301 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

CR2E037 (9/01)

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:** Melvin A Philpot SIGNATURE REQUIRED 2/20/02 (407)942-9336

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #