

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000002467

1. Entity Name

ENTERPRISE HOUSING - LAKE WALES, INC.

Principal Place of Business

833 WEST MAIN STREET
CARMEL IN 46032

Mailing Address

833 WEST MAIN STREET
CARMEL IN 46032-1429

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

NARDI, MICHAEL
915 CHESTNUT STREET
CLEARWATER FL 34616

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

TITLE PD ☐ Delete
NAME DICKINSON, CURTIS
STREET ADDRESS 13769 SMOKEY HOLLOW COURT
CITY-ST-ZIP CARMEL IN

TITLE D ☐ Delete
NAME PHILLIPS, RHONDA
STREET ADDRESS 123 JERSEY #A
CITY-ST-ZIP WESTFIELD IN 46074

TITLE STD ☐ Delete
NAME LOCKHART, JEFFREY K
STREET ADDRESS 9675 HAMPTON CIRCLE S
CITY-ST-ZIP INDIANAPOLIS IN

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1520 TIMBER TRACE
CITY-ST-ZIP CANTON, GA 30144

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/2000

Date

Daytime Phone #

317/464-8320



DO NOT WRITE IN THIS SPACE

4. FEI Number

35-1873038

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (9/99)