

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90015 026 ***150.00

DOCUMENT # F97000006070

1. Entity Name

IHFA, INC.

Principal Place of Business

Mailing Address

**1507 E. HILLSBOROUGH AVE.
TAMPA FL 33610****5718 E ADAMO DRIVE
TAMPA FL 33619-3242
US**

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

58-2223422

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**VENNIRO, ROBERT
5718 E ADAMO DRIVE
TAMPA FL 33619**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PDC	<input type="checkbox"/> Delete
NAME	TESSARI, BRIAN	
STREET ADDRESS	1055 PEACHTREE ST.	
CITY-ST-ZIP	ATLANTA GA 30309	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WILLIAMS, DENNIS	
STREET ADDRESS	1055 PEACHTREE ST.	
CITY-ST-ZIP	ATLANTA GA 30309	
TITLE	D	<input type="checkbox"/> Delete
NAME	VENNIRO, BOBBY	
STREET ADDRESS	5718 E. ADAMO DR.	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	D	<input type="checkbox"/> Delete
NAME	GALARDI, JACK E	
STREET ADDRESS	1055 PEACHTREE STREET	
CITY-ST-ZIP	ATLANTA GA 30309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

C: E034 (9/99)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #