

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90058 012 ***150.00

DOCUMENT # J87307

1. Entity Name
THE HOUSING CONNECTION, INC.

Principal Place of Business % LINDA I. WHITED 7181 COLLEGE PARKWAY, SUITE 18 FT. MYERS FL 33907	Mailing Address % LINDA I. WHITED 7181 COLLEGE PARKWAY, SUITE 18 FT. MYERS FL 33907-5642
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7290 College Pkwy Suite, Apt. #, etc. 427 City & State Fort Myers, FL Zip 33907	3. Mailing Address Same Suite, Apt. #, etc. City & State Country Zip
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4. FEI Number 59-2851798	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WHITED, LINDA I.
1022 CLEVELAND AVE. N.
LEHIGH ACRES FL 33936

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 Linda I. Whited DATE 4-28-00
Signature/typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE D NAME WHITED, LINDA I. STREET ADDRESS 1022 CLEVELAND AVE. N. CITY-ST-ZIP LEHIGH ACRES FL	<input type="checkbox"/> Delete
TITLE D NAME WHITED, RUSS LEE STREET ADDRESS 1022 CLEVELAND AVE., N. CITY-ST-ZIP LEHIGH ACRES FL	<input type="checkbox"/> Delete
TITLE D NAME WHITED, TIFFANY DAWN STREET ADDRESS 1022 CLEVELAND AVE., N. CITY-ST-ZIP LEHIGH ACRES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Linda I. Whited DATE 4-28-00 DAYTIME PHONE # 941-275-8484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)