

# 2000 UNIFORM BUSINESS REPORT (UBR)

001763 AF

DOCUMENT # L97000000452

1. Entity Name  
ALTERNATIVE HOMEMAKING WITH A HEART OF TAMPA BAY

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB -7 PM 2:10



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
4604 OLD SAYBROOK AVE.  
TAMPA FL 33624

Mailing Address  
P.O. BOX 271664  
TAMPA FL 33688-1664

2. Principal Place of Business  
8910 N. Dale Mabry  
Suite, Apt. #, etc.  
Suite 15  
City & State  
Tampa, FL  
Zip  
33614  
Country  
USA

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
City  
Zip  
Country

4. FEI Number NOT APPLICABLE  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
GOLD, AARON J  
704 W. BAY ST.  
TAMPA FL 33606

7. Name and Address of New Registered Agent  
Name Temple H. Drummond, Esquire  
Street Address (P.O. Box Number is Not Acceptable)  
c/o Kass, Shuler, Solomon, Spector, Foyle & Singer, P.A.  
1505 N. Florida Avenue  
City Tampa FL Zip Code 33602

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 Temple H. Drummond / Temple H. Drummond DATE 1/27/2000  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Delete
MGR	KLINGMAN, PETER D	4604 OLD SAYBROOK DR.	TAMPA FL 33609	<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
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		100003132081--4	-02/11/00--01013--014	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		*****50.00	*****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Peter D Klingman DATE 1/31/00 (813) 936-1551  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

CR2E083 (9/99)