

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002552

1. Entity Name

THE HOUSING GROUP, L.L.C.

Principal Place of Business

Mailing Address

601 BAYSHORE BOULEVARD, SUITE 650
TAMPA FL 33606

601 BAYSHORE BOULEVARD, SUITE 650
TAMPA FL 33606

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

59-3542524

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FUNK, CHARLES B

601 BAYSHORE BOULEVARD, SUITE 650
TAMPA FL 33606

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 \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME FUNK, CHARLES B
STREET ADDRESS 601 BAYSHORE BOULEVARD, SUITE 650
CITY-ST-ZIP TAMPA FL 33606

☐ Change ☐ Addition
300003623689--2
-02/02/01--01011--005
*****50.00 *****50.00

TITLE MGR ☐ Delete
NAME MEEHAN, JEFFREY B
STREET ADDRESS 601 BAYSHORE BOULEVARD, SUITE 650
CITY-ST-ZIP TAMPA FL 33606

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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: Charles B Funk

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/18/01

(813) 251-1221

Date

Daytime Phone #

CR2E083 (11/00)