

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Aug 06, 2002 8:00 am
Secretary of State

08-06-2002 90278 042 ****61.25

DOCUMENT # N00000003830

1. Entity Name

LAKELAND HOUSING AUTHORITY RESIDENT ADVISORY AS
SOCIATION OF THE HOUSING AUTHORITY OF THE CITY OF

Principal Place of Business

Mailing Address

430 S. HARTSELL AVE
LAKELAND FL 33815

430 S. HARTSELL AVE
LAKELAND FL 33815

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

59-3650798

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~BARR, JOYCE M~~
~~430 S. HARTSELL AVE~~
~~LAKELAND FL 33815~~

Name

EARL HAYNES

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

430 S. HARTSELL AVENUE

City

Lakeland

FL

Zip Code
33815

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

7/23/02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME LEWIS, FREDERICK
STREET ADDRESS 501 S HARTSELL AVE
CITY-ST-ZIP LAKELAND FL 33815 ☐ Delete

TITLE PD
NAME STELLA BLACK
STREET ADDRESS 501 HARTSELL AVE
CITY-ST-ZIP LAKELAND, FL 33815 ☒ Change ☐ Addition

TITLE VD
NAME BLACK, STELLA
STREET ADDRESS 501 S HARTSELL AVE
CITY-ST-ZIP LAKELAND FL 33815 ☐ Delete

TITLE VD
NAME DOROTHY SANDERS
STREET ADDRESS 3626 N. FLORIDA AVE
CITY-ST-ZIP LAKELAND, FL 33805 ☒ Change ☐ Addition

TITLE SD
NAME JOHNSON, ENGA
STREET ADDRESS 501 S HARTSELL AVE
CITY-ST-ZIP LAKELAND FL 33805 ☐ Delete

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

TITLE TD
NAME ANTHONY, MARVIN
STREET ADDRESS 1919 W 10TH ST
CITY-ST-ZIP LAKELAND FL 33805 ☐ Delete

TITLE TD
NAME NITA MCGEE
STREET ADDRESS 501 HARTSELL AVENUE
CITY-ST-ZIP LAKELAND, FL 33815 ☒ Change ☐ Addition

TITLE SA
NAME COWART, VANESSA
STREET ADDRESS 1216 UNITAH AVE
CITY-ST-ZIP LAKELAND FL 33803 ☒ Delete

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

TITLE SAD
NAME GRIFFIN, BRENDA
STREET ADDRESS 1919 WEST 10TH STREET APT
CITY-ST-ZIP LAKELAND FL 33805 ☐ Delete

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

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:

Stella Black / Stella Black

7-23-02 (803) 413-0065

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)