

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000008374

1. Entity Name

CCHA COMMUNITY OF LUXURY APARTMENTS, INC.

FILED
Mar 29, 2001 8:00 am
Secretary of State

02-27-2001 90341 029 ****61.25

Principal Place of Business

1800 FARM WORKER WAY
IMMOKALEE FL 34142

Mailing Address

1800 FARM WORKER WAY
IMMOKALEE FL 34142

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

59-3701852

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

THOMAS, FRED N JR
1800 FARM WORKER WAY
IMMOKALEE FL 34142

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/20/01

DATE

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

TITLE **Chairman (D)** ☐ Delete
NAME **Robert Newsome**
STREET ADDRESS **1320 North 15th Street**
CITY-ST-ZIP **Immokalee, FL. 34142**

TITLE **Vice Chariman (D)** ☐ Delete
NAME **Dorcas F. Howard**
STREET ADDRESS **P.O. Box 154**
CITY-ST-ZIP **Immokalee, FL. 34143**

TITLE **Board Member (D)** ☐ Delete
NAME **Mildred Sherrod**
STREET ADDRESS **P.O. Box 875**
CITY-ST-ZIP **Immokalee, FL. 34143**

TITLE **Board Member (D)** ☐ Delete
NAME **Maria C. Adame**
STREET ADDRESS **P.O. Box 3556**
CITY-ST-ZIP **Immokalee, FL. 34142**

TITLE **Board Member (D)** ☐ Delete
NAME **Gertrude Townsend**
STREET ADDRESS **1200 Applemint Lane**
CITY-ST-ZIP **Immokalee, FL. 34142**

TITLE **Secretary/Treasurer (D)** ☐ Delete
NAME **Fred N. Thomas, Jr., PHM**
STREET ADDRESS **1800 Farm Worker Way**
CITY-ST-ZIP **Immokalee, FL. 34142**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/01

(941)657-3649

Date

Daytime Phone #