

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****May 21, 2002 8:00 am**
Secretary of State

05-21-2002 91230 032 ****61.25

DOCUMENT # NO1000006131

1. Entity Name

FAIR HOUSING COUNCIL OF CENTRAL FLORIDA, INC.

Principal Place of Business

**570 AVE J SE
WINTER HAVEN FL 33880**

Mailing Address

**570 AVE J SE
WINTER HAVEN FL 33880**

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

☒ Applied For
☐ Not Applicable5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HELWIG, PETER R ESQ
STE 31 6700 SOUTH FLORIDA AVE
LAKELAND FL 33813**

7. Name and Address of New Registered Agent

Name **Perry Burnham**

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

**1109 11th Court, NE
Winter Haven**FL **33881**

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 \$61.259. 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 **D** ☐ Delete
NAME **BURNHAM, PERRY**
STREET ADDRESS **1109 11TH COURT NE**
CITY-ST-ZIP **WINTER HAVEN FL 33881**TITLE **D** ☐ Delete
NAME **POTTER, JEFFREY**
STREET ADDRESS **637 1ST STREET SW**
CITY-ST-ZIP **WINTER HAVEN FL 33880**TITLE **D** ☐ Delete
NAME **WYNN, LEVONIA**
STREET ADDRESS **504 PRADO PLACE**
CITY-ST-ZIP **LAKELAND FL 33803**TITLE **DV** ☐ Delete
NAME **HILL, RON**
STREET ADDRESS **43225 WOODRIDGE DRIVE**
CITY-ST-ZIP **PLANT CITY FL 33868**TITLE **DCT** ☐ Delete
NAME **FULSE, BERNARD**
STREET ADDRESS **6072 WATERWOOD PATH**
CITY-ST-ZIP **BARTOW FL 33830**TITLE **D** ☐ Delete
NAME **MAJOR, JEROME**
STREET ADDRESS **963 EAST MEMORIAL BLVD**
CITY-ST-ZIP **LAKELAND FL 33801**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ AdditionTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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: **Perry Burnham**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02 (863)2945056

Date

Daytime Phone #

CR2E037 (9/01)