

3/7/

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

03-07-2001 90620 004 \*\*\*\*61.25

**DOCUMENT # N01376**

1. Entity Name

**HILLSBOROUGH COUNTY COMMUNITY HOUSING RESOURCE B**

Principal Place of Business

Mailing Address

P.O. BOX 186  
 TAMPA FL 33601-0186  
 US

P.O. BOX 186  
 TAMPA FL 33601-0186  
 US

46245



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

59-2546173

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BENTON, J. EDWIN DR  
 DEPT. OF GOVT & INT AFFAIRS/UNIV OF S. FL  
 4202 FOWLER AVENUE  
 TAMPA FL 33604

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 \$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 **T** ☐ Delete  
 NAME BENTON, J. EDWIN **D**  
 STREET ADDRESS DEPT OF GOVT & INT. AFFAIRS, UNIV OF S FL  
 CITY-ST-ZIP TAMPA FL 33602

TITLE ~~XXXXXXXXXX~~ ☐ Change ☒ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **PD** ☐ Delete  
 NAME FENTON, JEANETTE **D**  
 STREET ADDRESS 2105 N NEBRASKA AVE  
 CITY-ST-ZIP TAMPA FL 33602

TITLE **V** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD** ☐ Delete  
 NAME BLOUNT, JO ANN  
 STREET ADDRESS 102 EAST 7TH AVE  
 CITY-ST-ZIP TAMPA FL 33602

TITLE **S** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **P** ☒ Delete  
 NAME HEARNS, FRED  
 STREET ADDRESS 712 W. ROSS AVENUE, OFFICE OF HUMAN RIGHTS  
 CITY-ST-ZIP TAMPA FL 33602

TITLE **P Michael Quintana** ☐ Change ☒ Addition  
 NAME 601-E. Kennedy Blvd. E.O. Dept.  
 STREET ADDRESS TPA FL 33601  
 CITY-ST-ZIP 17th Floor

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 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 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:

**REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/24/01

1823/974-2358

Date

Daytime Phone #

CR2E037 (10/00)