

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90091 041 ***150.00

DOCUMENT # N04000004672

1. Entity Name

TRI COUNTY AFFORDABLE HOUSING, INC.

Principal Place of Business

Mailing Address

**3600 S. ROAD 7
 SUITE 209
 MIRAMAR FL 33023**

**3600 S. ROAD 7
 SUITE 209
 MIRAMAR FL 33023**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0884164

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DOUSE, ANDRE
 3600 S. SR 7 STE 209
 MIRAMAR FL 33023**

Name **CLARKE L. ALEXANDER**

Street Address (P.O. Box Number is Not Acceptable)
3600 S. ROAD 7 SUITE 209

City **MIRAMAR**

FL

Zip Code **33023**

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 

CLARKE L. ALEXANDER

3-25-2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **PS CLARKE, L. ALEXANDER**
 STREET ADDRESS **3600 S. ROAD 7, SUITE 209**
 CITY-ST-ZIP **MIRAMAR FL 33023**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D DOUSE, ANDRE**
 STREET ADDRESS **3600 S. SR 7, SUITE 209**
 CITY-ST-ZIP **MIRAMAR FL 33023**

TITLE Change Addition
 NAME **DIRECTOR**
 STREET ADDRESS **QUINNETTE JONES**
 CITY-ST-ZIP **3600 S. SR. 7 SUITE 209**
MIRAMAR FL 33023

TITLE Delete
 NAME **D JACKSON, LINDA**
 STREET ADDRESS **3600 S. SR 7, SUITE 209**
 CITY-ST-ZIP **MIRAMAR FL 33023**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D WILKS, FREEMAN**
 STREET ADDRESS **3600 S. SR 7, SUITE 209**
 CITY-ST-ZIP **MIRAMAR FL 33023**

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

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **CLARKE L. ALEXANDER**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)