

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90055 002 ***150.00

DOCUMENT # N04000004672

1. Entity Name

TRI COUNTY AFFORDABLE HOUSING, INC.

Principal Place of Business

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

Mailing Address

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

001849

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 **65-0884164**

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

**ALEXANDER, CLARKE L
 3600 S. SR 7 STE 209
 MIRAMAR FL 33023**

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)

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, 2001 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

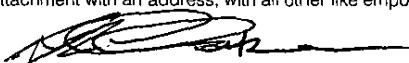
TITLE	PS	<input type="checkbox"/> Delete
NAME	CLARKE, L. ALEXANDER	
STREET ADDRESS	3600 S. ROAD 7, SUITE 209	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JONES, QUINETTE	
STREET ADDRESS	3600 S. SR 7, SUITE 209	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JACKSON, LINDA	
STREET ADDRESS	3600 S. SR 7, SUITE 209	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILKS, FREEMAN	
STREET ADDRESS	3600 S. SR 7, SUITE 209	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	BRIAN JACKSON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3600 S. SR. 7 S-209 -D	
STREET ADDRESS	MIRANAR FL. 33023	
CITY-ST-ZIP		
TITLE	PAMELA JACKSON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3600 S. SR. 7 S-209 -D	
STREET ADDRESS	MIRAMAR FL. 33023	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01 954 8968
 Date Daytime Phone #

CR2E034 (10/00)