

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90175 022 ***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**

2. Principal Place of Business

**320 S. Fleming Rd.
 Suite, Apt. #, etc.
 295**

3. Mailing Address

**"
 Suite, Apt. #, etc.
 "**

DO NOT WRITE IN THIS SPACE

City & State

Pembroke Pines

City & State

"

4. FEI Number

65-0884164

Applied For

Not Applicable

Zip

33027

Country

Beeward

Zip

"

Country

"

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

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 **Alexander, Clarke L.**
 Street Address (P.O. Box Number is Not Acceptable) **320 S. Fleming Rd. S-295**
 City **Pembroke Pines** FL Zip Code **33027**

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 **AL. CLARKE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-1-02

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, 2002 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** ☐ Delete
 NAME **CLARKE, L. ALEXANDER**
 STREET ADDRESS **3600 S. ROAD 7, SUITE 209**
 CITY-ST-ZIP **MIRAMAR FL 33023**

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition
 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: **AL. CLARKE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-1-02

CR2E034 (9/01)