2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jun 09, 2000 8:00 am Secretary of State DOCUMENT # **N11653** 06-09-2000 90032 022 ****61.25 FLORIDA COUNCIL FOR AFFORDABLE AND RURAL HOUSING Principal Place of Business Mailing Address 250 N BELCHER RD 250 N BELCHER RD S100 CLEARWATER FL 33765-2622 **CLEARWATER FL 34625** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2728794 Not Applicable Country --\$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MCMILLAN, JOHN 9385 N. 56TH STREET #200 TEMPLE TERRACE FL 33617 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) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be **FILE NOW:** Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. OFFICERS AND DIRECTORS 10. ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME HALE, TASHIA NAME STREET ADDRESS STREET ADDRESS 11635 NW 1ST AVE CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 32607 ☐ Change ☐ Addition ☐ Defete TITLE VD TITLE NAME CURTIS, JOHN -NAME STREET ADDRESS STREET ADDRESS -1:1635 NW-1ST-AVE CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL ☐ Change Addition TITLE TD Delete NAME MORRIS, GEORGE E. NAME STREET ADDRESS STREET ADDRESS 250 N BELCHER RD #100 CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE **BORTON, PAM** NAME NAME STREET ADDRESS STREET ADDRESS 1006 GROVE ST CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33755 ☐ Addition ☐ Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Delete TITLE

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.

CITY-ST-ZIP

STREET ADDRESS

NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

ORGE E MORRIS 5/30/00 Date