2001 UNIFORM BUSINESS REPORT (UBR)

Apr 12, 2001 8:00 am Secretary of State DOCUMENT # N11653 1. Entity Name FLORIDA COUNCIL FOR AFFORDABLE AND RURAL HOUSING 04-03-2001 90029 050 ****61.25 Principal Place of Business Mailing Address 250 N BELCHER RD 250 N BELCHER RD **CLEARWATER FL 34625** CLEARWATER FL 34625 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2728794 Not Applicable Zip Zip Country 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 Street Address (P.O. Box Number is Not Acceptable) MCMILLAN, JOHN 9385 N. 56TH STREET #200 TEMPLE TERRACE FL 33617 Zip Code City 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 FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. PRESIDENT & DIRECTOR Steve Singleton 1002 West 28Ad St #400 ☐ Change TITLE TITLE Delete HALE, TASHIA NAME NAME STREET ADDRESS 11635 NW 1ST AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 32607 Addition VĎ Deleta ☐ Change TITLE TITLE NAME **CURTIS, JOHN** NAME STREET ADDRESS STREET ADDRESS 11635 NW 1ST AVE -CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL Addition . Change TITI F Delete MORRIS: GEORGE E NAME NAME STREET ADDRESS 250 N BELCHER RD #100 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP CLEARWATER FL Addition ☐ Change TITLE ☐ Delete BORTON, PAM MAME NAME STREET ADDRESS 1006 GROVE ST STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33755 CITY-ST-ZIP ☐ Channe ☐ Addition TITLE ☐ Detete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P 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 path; 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.

AMARE RECORDEDMORRIS

SIGNATURE:

727 44 Daytime Phone #