# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Mar 29, 2002 8:00 am**
**Secretary of State**
03-29-2002 90830 029 ****61.25

0042745

DOCUMENT # N13597

1. Entity Name

GULFCOAST HOUSING FOUNDATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 11300 FOURTH STREET NORTH<br>SUITE 200<br>ST. PETERSBURG FL 33716-2940<br>US | 11300 FOURTH STREET NORTH<br>SUITE 200<br>ST. PETERSBURG FL 33716-2940<br>US |

DO NOT WRITE IN THIS SPACE

| 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 59-2645275 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| CHADWICK, JAMES M<br>11300 FOURTH STREET NORTH<br>STE. 200<br>ST. PETERSBURG FL 33716 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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

| FILE NOW: FEE IS $61.25 | 9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees | **Make Check Payable to Department of State** |
|---|---|---|

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>~~PEARSON, MARY R~~<br>120 GULF BLVD<br>BELLEAIR SHORE FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | GRIZZLE, MARY R. | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>LAMPE, DOUGLAS<br>1110 PINELLAS BAYWAY, SUITE 200<br>TIERRA VERDE FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DST<br>ALBERS, A L<br>2772 - 67TH STREET NORTH<br>ST. PETERSBURG FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ATTKISSON, JAMES R<br>9600 KOGER BLVD., SUITE 105<br>SAINT PETERSBURG FL 33702 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BROWN, LARRY<br>5802 N. OCCIDENT ST.<br>TAMPA FL 33614 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MORROD, ROY<br>12501 ULMERTON RD., LOT 77<br>LARGO FL 33774 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (9/01)

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 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.

**SIGNATURE:** Mary R. Grizzle REQUIRED 1/23/02 (727) 595-5597

MANDATORY: PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #