

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 12, 2000 8:00 am**  
**Secretary of State**

07-12-2000 90007 028 \*\*\*\*70.00

DOCUMENT # N19452

1. Entity Name

Coalition For the Homeless of Central Florida, Inc.

Principal Place of Business: 639 W. Central Blvd. Orlando, FL 32801  
 Mailing Address: SAME

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country  
 3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

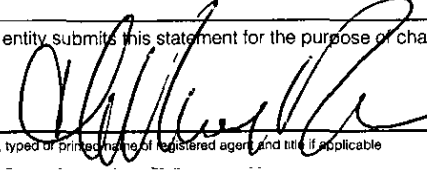
4. FEI Number: 59-2814285 Applied For / Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
 Tom L. Allison  
 639 W. Central Blvd  
 Orlando, FL 32801

7. Name and Address of New Registered Agent  
 Name: Hillary Rowe  
 Street Address: 639 W. Central Blvd  
 City: Orlando, FL Zip Code: 32801

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:  DATE: June 27, 00

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

TITLE: C/O	NAME: Miles, Pat	<input checked="" type="checkbox"/> Delete
STREET ADDRESS: 4937 Watervista		
CITY-ST-ZIP: Orlando, FL 32821		
TITLE: VC/O	NAME: Jasmund, David	<input checked="" type="checkbox"/> Delete
STREET ADDRESS: 916 Seville Place		
CITY-ST-ZIP: Orlando, FL 32804		
TITLE: P/O	NAME: Allison, Tom	<input checked="" type="checkbox"/> Delete
STREET ADDRESS: 639 W. Central Ave		
CITY-ST-ZIP: Orlando, FL 32801		
TITLE: ✓	NAME: Flavelle, Jean	<input checked="" type="checkbox"/> Delete
STREET ADDRESS: 639 W. Central Blvd		
CITY-ST-ZIP: Orlando, FL 32801		
TITLE: S/O	NAME: Shaughnessy, Kevin	<input checked="" type="checkbox"/> Delete
STREET ADDRESS: 255 S. Orange Ave 11th Floor		
CITY-ST-ZIP: Orlando, FL 32801		
TITLE:	NAME:	<input type="checkbox"/> Delete
STREET ADDRESS:		
CITY-ST-ZIP:		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: C/O	NAME: Jasmund, David	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 916 Seville Place		
CITY-ST-ZIP: Orlando, FL 32804		
TITLE: VC/O	NAME: Shaughnessy, Kevin	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 255 S. Orange Ave. 11th Floor		
CITY-ST-ZIP: Orlando, FL 32801		
TITLE: S/O	NAME: Owen, Bill	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 200 E. Robinson St., Ste 400		
CITY-ST-ZIP: Orlando, FL 32801		
TITLE: ✓	NAME: Hillary Rowe	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 639 W. Central Blvd		
CITY-ST-ZIP: Orlando, FL 32801		
TITLE: ✓	NAME: Marvin Jones	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 639 W. Central Blvd		
CITY-ST-ZIP: Orlando, FL 32801		
TITLE:	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		
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 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:  DATE: June 27, 00 Daytime Phone #

CR2E037 (9/99)