

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90156 026 ****61.25

DOCUMENT # N19452

1. Entity Name

COALITION FOR THE HOMELESS OF CENTRAL FLORIDA, I

Principal Place of Business

639 WEST CENTRAL BLVD.
ORLANDO FL 32801
US

Mailing Address

639 WEST CENTRAL BLVD.
ORLANDO FL 32801
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2814255

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

ROWE, HILLARY
639 W CENTRAL BLVD
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name **Robert H. Brown**

Street Address (P.O. Box Number is Not Acceptable)

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 **Robert H. Brown**

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

(NOTE: Registered Agent Signature required when reinstating)

DATE **1/4/01**

**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 **CD** ☒ Delete
NAME **MILES, PAT**
STREET ADDRESS **4937 WATERVISTA**
CITY-ST-ZIP **ORLANDO FL 32821**

TITLE **VCD** ☒ Delete
NAME **JASMUND, DAVID**
STREET ADDRESS **916 SEVILLE PLACE**
CITY-ST-ZIP **ORLANDO FL 32804**

TITLE **PD** ☒ Delete
NAME **ALLISON, TOM**
STREET ADDRESS **639 W. CENTRAL AVE.**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **V** ☒ Delete
NAME **FLAVELLE, JEAN**
STREET ADDRESS **639 W. CENTRAL BLVD**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **SD** ☒ Delete
NAME **SHAUGHNESSY, KEVIN**
STREET ADDRESS **255 S. ORANGE AVE., 11TH FLOOR**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **TD** ☐ Delete
NAME **MCMULLEN, STEVEN**
STREET ADDRESS **111 N. ORANGE AVENUE, SUITE 1600**
CITY-ST-ZIP **ORLANDO FL 32801**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CD** ☒ Change ☐ Addition
NAME **Jasmund, David**
STREET ADDRESS **916 Seville Place**
CITY-ST-ZIP **Orlando, FL 32804**

TITLE **VCD** ☒ Change ☐ Addition
NAME **Shaughnessy, Kevin**
STREET ADDRESS **255 S. Orange Ave., 11th Floor**
CITY-ST-ZIP **Orlando, FL 32801**

TITLE **PD** ☐ Change ☒ Addition
NAME **Brown, Robert H.**
STREET ADDRESS **639 W. Central Blvd**
CITY-ST-ZIP **Orlando, FL 32801**

TITLE **V** ☐ Change ☒ Addition
NAME **Jones, Marvin**
STREET ADDRESS **639 W. Central Blvd.**
CITY-ST-ZIP **Orlando, FL 32801**

TITLE **SD** ☐ Change ☒ Addition
NAME **Owen, Bill**
STREET ADDRESS **200 E. Robinson Street, Ste 400**
CITY-ST-ZIP **Orlando, FL 32801**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)