

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90905 010 \*\*\*\*61.25

0012132

**DOCUMENT # N19452**

1. Entity Name

**COALITION FOR THE HOMELESS OF CENTRAL FLORIDA, INC.**

Principal Place of Business

Mailing Address

639 WEST CENTRAL BLVD.  
 ORLANDO FL 32801  
 US

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

Zip

Country

Zip

Country

4. FEI Number

**59-2814255**

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

7. Name and Address of New Registered Agent

**BROWN, ROBERT H.**  
**639 W CENTRAL BLVD**  
**ORLANDO FL 32801**

Name

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

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

*Robert H. Brown* **Robert H. Brown** *president/CEO*

**3/15/02**

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

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

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

TITLE **VCD**  Change  Addition  
 NAME **Byron Brooks**  
 STREET ADDRESS **445 W. Amelia St., Ste. 800**  
 CITY-ST-ZIP **Orlando, FL 32801-1128**

TITLE **PD**  Delete  
 NAME **BROWN, ROBERT H**  
 STREET ADDRESS **639 W CENTRAL BLVD.**  
 CITY-ST-ZIP **ORLANDO FL 32801**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD**  Delete  
 NAME **OWEN, BILL**  
 STREET ADDRESS **200 E ROBINSON STREET, STE 400**  
 CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **SD**  Change  Addition  
 NAME **Nancy Tallent**  
 STREET ADDRESS **2405 Lucien Way**  
 CITY-ST-ZIP **Maitland, FL 32751**

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

TITLE **TD**  Change  Addition  
 NAME **Carol Frechette**  
 STREET ADDRESS **390 N. Orange Ave., Ste. 1700**  
 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

*Robert H. Brown* **Robert H. Brown** *president/CEO*

Date

Daytime Phone #

CP2E037 (9/01)