

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20771

1. Entity Name

LHF HOUSING, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90112 034 ****61.25

Principal Place of Business

Mailing Address

11300 FOURTH STREET NORTH
 SUITE 200
 ST PETERSBURG FL 33716-2940
 US

11300 FOURTH STREET NORTH
 STE 200
 ST PETERSBURG FL 33716-2940
 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

59-2810394

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

CHADWICK, JAMES M.
 11300 FOURTH STREET NORTH
 STE 200
 ST PETERBURG FL 33716

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 _____

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	DST BROWN, LARRY	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	P.O. BOX 15718 N/A TAMPA FL 34684	
TITLE NAME	DV MORROD, ROY	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	2825 WEST FAIRWAY LOOP CITRUS SPRINGS FL 34434	
TITLE NAME	DP ATTKISSON, JAMES R	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	9600 KOGER BLVD., SUITE 105 ST. PETERSBURG FL 33702	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
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STREET ADDRESS CITY-ST-ZIP		
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: SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/23/00 (727) 578-1174

Date

Daytime Phone #

CR2E037 (9/99)