

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90062 033 ****61.25

DOCUMENT # N20771

1. Entity Name

LHF HOUSING, INC.

Principal Place of Business

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

Mailing Address

**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

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

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Albers, A.L.	
STREET ADDRESS	2772 67th St. N.	
CITY-ST-ZIP	St. Petersburg, FL 33710	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lampe, Douglas M.	
STREET ADDRESS	1110 Pinellas Bayway, Ste 200	
CITY-ST-ZIP	Tierra Verde, FL 33715	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pearson, Mary R.	
STREET ADDRESS	120 Gulf Bvd.	
CITY-ST-ZIP	Belleaire Shore, FL 33786	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Morrod, Roy	
STREET ADDRESS	12501 Ulmerton Rd., Lot 77	
CITY-ST-ZIP	Largo, FL 33774	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

Mary R Pearson
 JAMES R. ATTKISSON, President

02/13/01 (727) 576-3803

Date

Daytime Phone #

CR2E037 (10/00)