

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90055 029 \*\*\*\*61.25

**DOCUMENT # N20771**

1. Entity Name

**LHF HOUSING, INC.**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HADWICK, 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 ☐ Delete  
 NAME **DST**  
 STREET ADDRESS **BROWN, LARRY**  
 CITY-ST-ZIP **P.O. BOX 15718 N/A  
 TAMPA FL 34684**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **DV**  
 STREET ADDRESS **MORROD, ROY**  
 CITY-ST-ZIP **12501 ULMERTON RD., LOT 77  
 LARGO FL 33774**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **DP**  
 STREET ADDRESS **ATTKISSON, JAMES R**  
 CITY-ST-ZIP **9600 KOGER BLVD., SUITE 105  
 ST. PETERSBURG FL 33702**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **ALBERS, A.L.**  
 CITY-ST-ZIP **2772 67TH ST. N.  
 SAINT PETERSBURG FL 33710**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **LAMPE, DOUGLAS M**  
 CITY-ST-ZIP **1110 PINELLAS BAYWAY, STE 200  
 TIERRA VERDE FL 33715**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **PEARSON, MARY R**  
 CITY-ST-ZIP **120 GULF BVD  
 BELLEAIR SHORE FL 33786**

TITLE ☒ Change ☐ Addition  
 NAME **Grizzle, Mary R.**  
 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**

**1/26/02 (727) 576-3803**

CR2E037 (9/01)