

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 17, 2001 8:00 am
Secretary of State

0011313

DOCUMENT # N23978

1. Entity Name

CENTERS HOUSING, INC.

Principal Place of Business

**2801 N. 17TH ST.
C/O LOUIS JONES. P.O. BOX 5746
TAMPA FL 33605-2622
US**

Mailing Address

**2801 N. 17TH ST.
C/O LOUIS JONES. P.O. BOX 5746
TAMPA FL 33605-2622
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JONES, LOUIS
2801 N. 17TH ST
TAMPA FL 33605**

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

After September 12, 2001, min. will be \$236.25

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	PD	<input checked="" type="checkbox"/> Delete
NAME	LOPER, JAMES B.	
STREET ADDRESS	704 W. BAY ST	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	VD PD	<input type="checkbox"/> Delete
NAME	BENNET, TIM	
STREET ADDRESS	9417 PRINCESS PALM AVE #575	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HARVEY, CHARLES	
STREET ADDRESS	3301 BAYSHORE BLVD. 1002	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ROBINSON, ROY	
STREET ADDRESS	2100 E. 26TH AVE.	
CITY-ST-ZIP	TAMPA FL 33605	
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	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chandra Tyson	
STREET ADDRESS	1315 Spruce Street	
CITY-ST-ZIP	Tampa, Florida 33607	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bennet, Tim	
STREET ADDRESS	6604 Harney Road	
CITY-ST-ZIP	Tampa, Florida 33610	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McGill, Katie	
STREET ADDRESS	305 S. Hyde Park Avenue	
CITY-ST-ZIP	Tampa, Florida 33606	
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:

SIGNATURE REQUIRED

8/17/01

CR2E037 (5/01)