

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23978

1. Entity Name

CENTERS HOUSING, INC.

FILED

Jan 30, 2002 8:00 am  
Secretary of State

01-30-2002 90111 038 \*\*\*\*61.25

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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 VP  
NAME TYSON, CHANDRA  
STREET ADDRESS 1315 SPRUCE STREET  
CITY-ST-ZIP TAMPA FL 33607

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE PD  
NAME BENNET, TIM  
STREET ADDRESS 6804 HARNEY ROAD  
CITY-ST-ZIP TAMPA FL 33610

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD  
NAME HARVEY, CHARLES  
STREET ADDRESS 3301 BAYSHORE BLVD. 1002  
CITY-ST-ZIP TAMPA FL 33629

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD  
NAME MCGILL, KATIE  
STREET ADDRESS 305 S. HYDE PARK AVENUE  
CITY-ST-ZIP TAMPA FL 33606

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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

Louis Jones 1-14-2002 813-248-6259

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)