

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N33268

1. Entity Name

SOUTHWEST FLORIDA HOUSING PARTNERSHIP, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90122 012 ****61.25

Principal Place of Business

Mailing Address

2206 MAJESTIC CT
 NAPLES FL 34110
 US

2206 MAJESTIC CT
 NAPLES FL 34110
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0132433

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

LINDNER, MARK L
 2206 MAJESTIC CT
 NAPLES FL 34110

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 DS
 MIHLIC, GREGORY
 STREET ADDRESS 1020 GOODLETTE ROAD
 CITY-ST-ZIP NAPLES FL 34102 ☐ Delete

TITLE
 NAME DS
 MIHALIC, GREGORY
 STREET ADDRESS 400 CARICA ROAD
 CITY-ST-ZIP NAPLES, FL 34108 ☒ Change ☐ Addition

TITLE
 NAME D
 THOMAS, FRED
 STREET ADDRESS 1020 GOODLETTE ROAD
 CITY-ST-ZIP NAPLES FL 34102 ☐ Delete

TITLE
 NAME D
 THOMAS, FRED
 STREET ADDRESS 1800 FARMWORKER WAY
 CITY-ST-ZIP IMMOKALEE, FL 34142 ☒ Change ☐ Addition

TITLE
 NAME PD
 LINDNER, MARK L
 STREET ADDRESS 2206 MAJESTIC CT
 CITY-ST-ZIP NAPLES FL 34110 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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 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 registered agent 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 (MARK LINDNER)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/00 941 262-4333

CR2E037 (9/99)