

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N33815

1. Entity Name

COMMUNITY HOUSING CORPORATION OF SARASOTA

FILED

May 09, 2000 8:00 am
Secretary of State

05-09-2000 90094 026 ****61.25

Principal Place of Business

Mailing Address

1622 6TH STREET
SARASOTA FL 34236

P.O. BOX 339
SARASOTA FL 34230-0339

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

65-0160034

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

ROTEN, REX
46 WASHINGTON BOULEVARD #1
SARASOTA FL 34236

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	STREET ADDRESS	CITY - ST - ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	CHANGE	ADDITION
DS	VAUGHN, SANDRA K	2135 4TH ST.	SARASOTA FL 34237	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DVC	KIRSCHNER, KERRY	770 S. PALM AVE.	SARASOTA FL 34236	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	CONWAY, CYNTHIA L	1256 5TH ST.	SARASOTA FL 34236	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DC	FARR, DONALD M	3301 BAYSHORE RD	SARASOTA FL 34234	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DT	HART J. CABOT	3982 DEFOE SQUARE	SARASOTA FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	HOLLAND, LUNDA E	617 GILLESPIE AVE.	SARASOTA FL 34236	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)