

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 10, 2001 08:00 AM****Secretary of State****DOCUMENT # N33815**

1. Entity Name

COMMUNITY HOUSING CORPORATION OF SARASOTA

Principal Place of Business

Mailing Address

1622 6TH STREET

P.O. BOX 339

SARASOTA
34236

FL

SARASOTA
34230

FL

2. Principal Place of Business

P. O. BOX 339

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA

FL

City & State

Zip
34230

Country

Zip
34230

Country

4. FEI Number

65-0160034

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ROTEN REX
46 WASHINGTON BOULEVARD #1SARASOTA FL
34236 US

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 reinstalling)

05/10/2001

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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	
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)(f), 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: LINDA E. HOLLAND**D****05/10/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)