

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State
 05-31-2000 90017 049 ****61.25

DOCUMENT # N35066

1. Entity Name

MID-FLORIDA HOUSING PARTNERSHIP, INC.

Principal Place of Business

Mailing Address

**330 NORTH ST
 DAYTONA BCH FL 32114
 US**

**PO BOX 1345
 DAYTONA BCH FL 32115-1345
 US**



DO NOT WRITE IN THIS SPACE

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

**HASTINGS, ANITA
 2701 S RIDGEWOOD AV
 SO DAYTONA FL 32119**

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 ANITA HASTINGS

5-1-00

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	PD HASTINGS, ANITA 2701 S RIDGEWOOD AVE S DAYTONA FL 32119	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CASTAGNACCI, DAVE PO BOX 2775 N/A DAYTONA FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GORDON, FRANCINE 330 NORTH ST DAYTONA BEACH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRYANT, CHARLES PO BOX 374 N/A PIERSON FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HALE, KAREN 80 KINGSLEY PL ORMOND BCH FL 32174	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

ANITA HASTINGS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-00 (904) 756-5556

Date

Daytime Phone #

CR2E037 (9/99)