# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jan 23, 2001 8:00 am**
**Secretary of State**
01-23-2001 90133 038 ****70.00

0008441

DOCUMENT # N35066

1. Entity Name

MID-FLORIDA HOUSING PARTNERSHIP, INC.

607113

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| 330 NORTH ST<br>DAYTONA BCH FL 32114<br>US | PO BOX 1345<br>DAYTONA BCH FL 32114-1345<br>US |

| 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 NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

HASTINGS, ANITA
2701 S RIDGEWOOD AV
SO DAYTONA FL 32119

**7. Name and Address of New Registered Agent**

Name HALE, KAREN

Street Address (P.O. Box Number is Not Acceptable) 1239 Oceanshore 8A
~~80 KINGSLEY PL~~

City ORMOND BEACH FL Zip Code 32176

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 Karen D Hale KAREN HALE 1/10/01
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<br>HASTINGS, ANITA<br>2701 S RIDGEWOOD AVE<br>S DAYTONA FL 32119 | ☒ Delete | PD<br>HALE, KAREN<br>~~80 KINGSLEY PL~~ 1239 Oceanshore 8A<br>ORMOND BEACH, FL 32176 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>CASTAGNACCI, DAVE<br>P.O. BOX 2775 N/A<br>DAYTONA FL | ☐ Delete | SD<br>HAILE, ROSE<br>840 CENTER AV #75<br>Holly Hill, FL 32117 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>GORDON, FRANCINE<br>330 NORTH ST<br>DAYTONA BEACH FL | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>BRYANT, CHARLES<br>PO BOX 374 N/A<br>PIERSON FL | ☒ Delete | VD<br>HARTMAN, MARIE<br>301 S. RIDGEWOOD AV<br>Daytona Beach, FL 32114 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>HALE, KAREN<br>~~80 KINGSLEY PL~~ 1239 Ocean Shore, 8-A<br>ORMOND BCH FL 32176 | ☒ Delete | T<br>McCRANIE, DAVID<br>2240 S. Volusia AV<br>Orange City, FL 32774 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

CR2E037 (10/00)

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:** Karen D Hale REQUIRED 1/10/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR KAREN HALE Date Daytime Phone #