

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N35101

1. Entity Name

THE JEFFREY A. MASSEY FLORIDA IOTA HOUSING CORPO

Principal Place of Business

Mailing Address

C/O WILLIAM E. RUFFIER
108 EAST CENTRAL BLVD.
ORLANDO FL 32801

C/O WILLIAM E. RUFFIER
108 EAST CENTRAL BLVD.
ORLANDO FL 32801-2408

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

7. Name and Address of New Registered Agent

RUFFIER, WILLIAM E.
SANDERS, MCEAN, MIMS & MARTINEZ, P.A.
108 EAST CENTRAL BLVD.
ORLANDO FL 32801

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 P ☐ Delete
NAME MAJOR, BELL
STREET ADDRESS 10950 W MCCULLOCH RD
CITY-ST-ZIP OVIEDO FL

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

TITLE D ☐ Delete
NAME RHODES, GREG
STREET ADDRESS 849 BLOOMINGDALE DR
CITY-ST-ZIP ORLANDO FL

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

TITLE D ☐ Delete
NAME CULESTON, WILLIAM
STREET ADDRESS 2570 KIOWA TR.
CITY-ST-ZIP FERN PARK FL 32730

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

TITLE S ☐ Delete
NAME ROBINSON, SHAWN
STREET ADDRESS 3386 S. SEMORAN BLVD
CITY-ST-ZIP ORLANDO FL 32822

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

TITLE D ☐ Delete
NAME SPYCHALSKY, JOE
STREET ADDRESS 228 SHORE RD
CITY-ST-ZIP WINTER SPRINGS FL

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

TITLE T ☐ Delete
NAME MOHLER, ROBERT
STREET ADDRESS 2734 CHADS FORD CIR. #1
CITY-ST-ZIP OVIEDO FL 32765

TITLE ☒ Change ☐ Addition
NAME T MEHLER, Robert
STREET ADDRESS 1091 Providence Ln.
CITY-ST-ZIP OVIEDO, FL 32765

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:

ROBERT A. MEHLER, JR.

Date

Daytime Phone #

FILED
May 01, 2000 8:00 am
Secretary of State

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DO NOT WRITE IN THIS SPACE

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