

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40177

1. Entity Name

THE HOUSING CORPORATION OF CHARLOTTE COUNTY, INC

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90218 044 ****61.25

Principal Place of Business 18501 MURDOCK CIR STE 303 PORT CHARLOTTE FL 33948 US	Mailing Address 18501 MURDOCK CIR STE 303 PORT CHARLOTTE FL 33948-1065 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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4. FEI Number 65-0235017	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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Zip	Country	Zip	Country
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MILONAS, TASO M.
1819 MAIN ST STE 1100
SARASOTA FL 34236

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 _____ (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

T JARVIS, GLORIA PO BOS 2138 SUN TRUST BNK SARASOTA FL 34230-5885	<input type="checkbox"/> Delete
S OQUENDO, JANET 18500 MURDOCK CIR PORT CHARLOTTE FL 33948	<input type="checkbox"/> Delete
D PORTER, VICTORIA 319 HARBOR BLVD PT CHARLOTTE FL 33954	<input type="checkbox"/> Delete
D KING, JAMES 2295 AARON ST PORT CHARLOTTE FL	<input checked="" type="checkbox"/> Delete
D POWELL, G DAVID 1043 TROPICAL AVE PORT CHARLOTTE FL 33948	<input type="checkbox"/> Delete
VP COOLOMBE, SCOTT 630 WOODBURY DR. PORT CHARLOTTE FL	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

DIRECTOR DALE BOWE P.O. BOX 380759 MURDOCK, FL 33938-0759	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
DIRECTOR RANDALL DUNN 2211 BERMUDA STEET PORT CHARLOTTE, FL 33980	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
PRESIDENT JEFF FEHR 1881 CITRON STREET CHARLOTTE HABROR, FL 33980	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> 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 reports 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 REQUIRED** **JEFF FEHR, PRESIDENT** **1/13/00** **(941) 255-94 54**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR21:037 (9/99)