

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N42824

1. Entity Name

ASSISTED NON-PROFIT HOUSING, INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90211 049 \*\*\*\*61.25

Principal Place of Business

Mailing Address

4610 CENTRAL AVE  
TAMPA FL 33603

P O BOX 2911  
TAMPA FL 33601-2911  
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

59-3189150

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

DEFOUR, GEORGE A.  
4610 CENTRAL AVE  
TAMPA FL 33603

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 DP ☐ Delete  
NAME SIGISMUND, STANLEY P  
STREET ADDRESS 8006 GREENSHIRE DR  
CITY-ST-ZIP TAMPA FL

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

TITLE TD ☐ Delete  
NAME REYNOLDS, JERRY  
STREET ADDRESS 11723 PRIMROSE DR  
CITY-ST-ZIP TEMPLE TERRACE FL

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

TITLE D ☐ Delete  
NAME WASKO, ELEANOR  
STREET ADDRESS 5326 A4 CHARLOTTE AVENUE  
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE ☒ Change ☐ Addition  
NAME 5326-104 CHARLOTTE AVE  
STREET ADDRESS New Port Richey, FL 34652  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME DRINKWATER, HERTHA  
STREET ADDRESS 5412 B3 CHARLOTTE AVENUE  
CITY-ST-ZIP NEW PORT RICHEY FL

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

TITLE DS ☐ Delete  
NAME COLLINS, CATHERINE M  
STREET ADDRESS 5337 B2 CHARLOTTE AVE  
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE ☒ Change ☐ Addition  
NAME 5412-104 CHARLOTTE AVE  
STREET ADDRESS New Port Richey, FL 34652  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME COSTON, MADELINE  
STREET ADDRESS 63387 POLLY DE  
CITY-ST-ZIP TARPON SPRINGS FL

TITLE ☒ Change ☐ Addition  
NAME 63063 POLLY DR  
STREET ADDRESS TARPON SPRINGS, FL 34689  
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jerry Reynolds

4-27-00

813-884-1081

Date

Daytime Phone #

CR2E037 (9/99)