**2000 UNIFORM BUSINESS REPORT (UBR)** 

## **DOCUMENT # N49660**

1. Entity Name

## COMMUNITY HOUSING RESOURCE BOARD OF ST. PETERSBU



FILED Aug 08, 2000 8:00 am Secretary of State

08-08-2000 90095 041 \*\*\*\*61.25

## Principal Place of Business Mailing Address 200 CENTRAL AVENUE 200 CENTRAL AVENUE **SUITE 1900 SUITE 1900** ST. PETERSBURG FL 33701 ST. PETERSBURG FL 33701 2. Principal Place of Business 3. Mailing Address



<u>945 -</u>	2003t. So.		<u>J7.J0.</u>					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SP	4CE		
City& Stat	9	City & State		4. FEI Number		☐ [Ar	oplied For	
57.7	etersburg	St Peters	Petersburg		59-3130609		ot Applicable	
Zip 3.37/	Country	33712			5. Certificate of Status Desired See Required			
J J / /	6. Name and Address of Current R		7, Name and Address of New Registered Agent					
		egistered Agent	Name /	<u> </u>		2011		
				eorge Omi				
unley, d			Street Addre	ss (PO Box Number is				
	RAL AVENUE				<u> </u>			
SUITE 190								
ST. PETER	RSBURG FL 33701		$\int_{City} \int_{S}$	Peter	FL	Zip Cod	₹ <i>712</i> .	
8. The above	named entity submits this statement for	the purpose of changing its re	egistered office or regi	istered agent, or both, in	n the state of Florida.		- / /	
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		1, 0, 7	7		7/2/1			
SIGNATURE VInuse & June Durector Significate, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renotating)  DATE								
	Signature, typed or printed name or registered agent an	to title if applicable. / (NOTE:	Hegistered Agent signature rec	quired when reinstating)	♥ DATE			
FILE NOW: FEE IS \$61.25  9. Election Camp After Sentember 13, 2000 min, will be \$236.25							)	
After Sept	ember 13, 2000 min. will be \$23	36.25   Hust Fund Cor	irust rund Continbution. 🗀 🔥		dded to Fees Department of			
10.	OFFICERS AND DIRE	l ECTORS	11.	ADDITIONS/CHANG	GES TO OFFICERS AND DIRE	CTORS IN	10	
TITLÉ	DT	☐ Delete	TITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Change	☐ Addition	
NAME	UNLEY, DENISE G		NAME		_			
STREET ADDRESS	200 CENTRAL AVE., 3RD FL		STREET ADDRESS					
CITY-\$T-ZIP	ST. PETERSBURG FL 33701		CITY-ST-ZIP					
TITLE	D	☐ Delete	TITLE	•		Change	☐ Addition	
NAME	AQUIL, ASKIA M		NAMÉ		,			
STREET ADDRESS	1640 M.L. KING STREET-SOUTH		STREET ADDRESS					
- CITY-ST-ZIP	-ST: PETERSBURG FL-33705		CITY-ST-ZIP	<del></del>				
TITLE	D	☐ Delete	TITLE			Change	Addition	
NAME	SMITH, GEORGE B		NAME					
STREET ADDRESS	945 20TH STREET SOUTH		STREET ADDRESS					
CITY-ST-ZIP	ST PETERSBURG FL 33712		CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			] Change	Addition	
NAMÉ ATREST ARRESO	·		NAME					
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP					
CITY-ST-ZIP			<b></b>	•	·			
TITLE		☐ Delete	TITLE	•	L	Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		□ Delete	TITLE			Change	Addition	
NAME		LJ Delete	NAME		۲	_ viialiye	C Vacinal	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
· ·	:	his filing does not qualify for t	■	Section 119.07(3)(i) Fi	forida Statutes. I further certify	that the ir	nformation	
indicated	on this report or supplemental report is t	rue and accurate and that my	signature shall have t	he same legal effect as	if made under oath; that I am	an officer	or director	

SIGNATURE:

Affachnunt # N49060 AUU71960

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