

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000433

1. Entity Name

AFFORDABLE QUALITY HOUSING, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90034 050 ****61.25

Principal Place of Business	Mailing Address
541 SOUTH ORLANDO STE. 210 MAITLAND FL 32751 US	541 SOUTH ORLANDO STE. 210 MAITLAND FL 32751-5669 US

2. Principal Place of Business	3. Mailing Address
201 N. New York Ave.	201 N. New York Ave.

Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 200	Suite 200

City & State	City & State
Winter Park, FL	Winter Park, FL

Zip	Country	Zip	Country
32789	US	32789	US



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-3166881	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent

HOEKSEMA, DOUGLAS A
761 PINE TREE RD.
WINTER PARK FL 32789

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 _____
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

TITLE	D	<input type="checkbox"/> Delete
NAME	HOEKSEMA, DOUGLAS A	
STREET ADDRESS	541 SOUTH ORLANDO, #210	
CITY-ST-ZIP	MAITLAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZANOWICK, JOAN	
STREET ADDRESS	541 SOUTH ORLANDO, #210	
CITY-ST-ZIP	MAITLAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOOD, EDWARD	
STREET ADDRESS	541 SOUTH ORLANDO, #200	
CITY-ST-ZIP	MAITLAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	201 N. New York Ave., Suite 200
CITY-ST-ZIP	Winter Park, FL 32789
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	201 N. New York Ave., Suite 200
CITY-ST-ZIP	Winter Park, FL 32789
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	201 N. New York Ave., Suite 200
CITY-ST-ZIP	Winter Park, FL 32789
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 REQUIRED 4/27/00 407-975-6126
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)